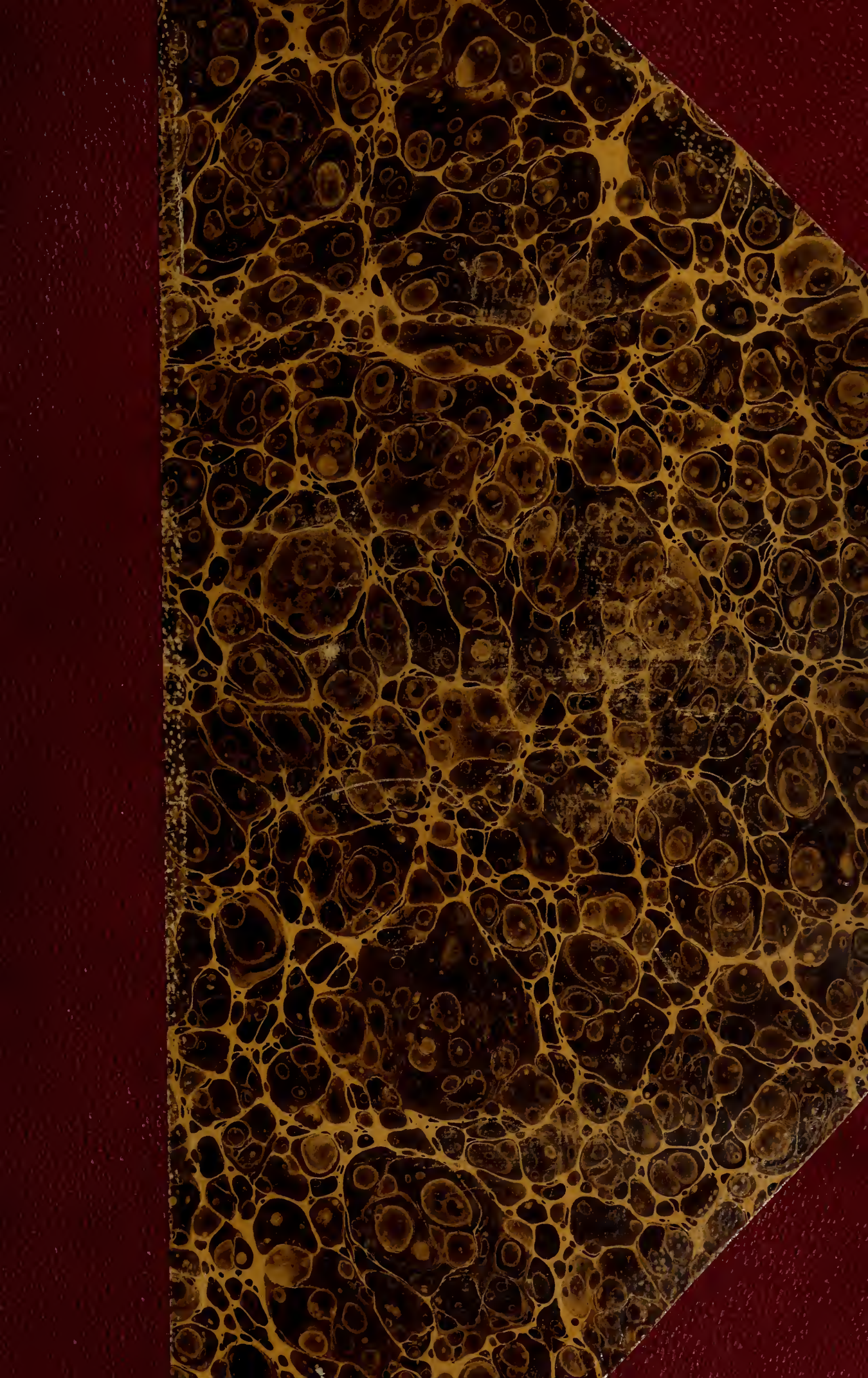
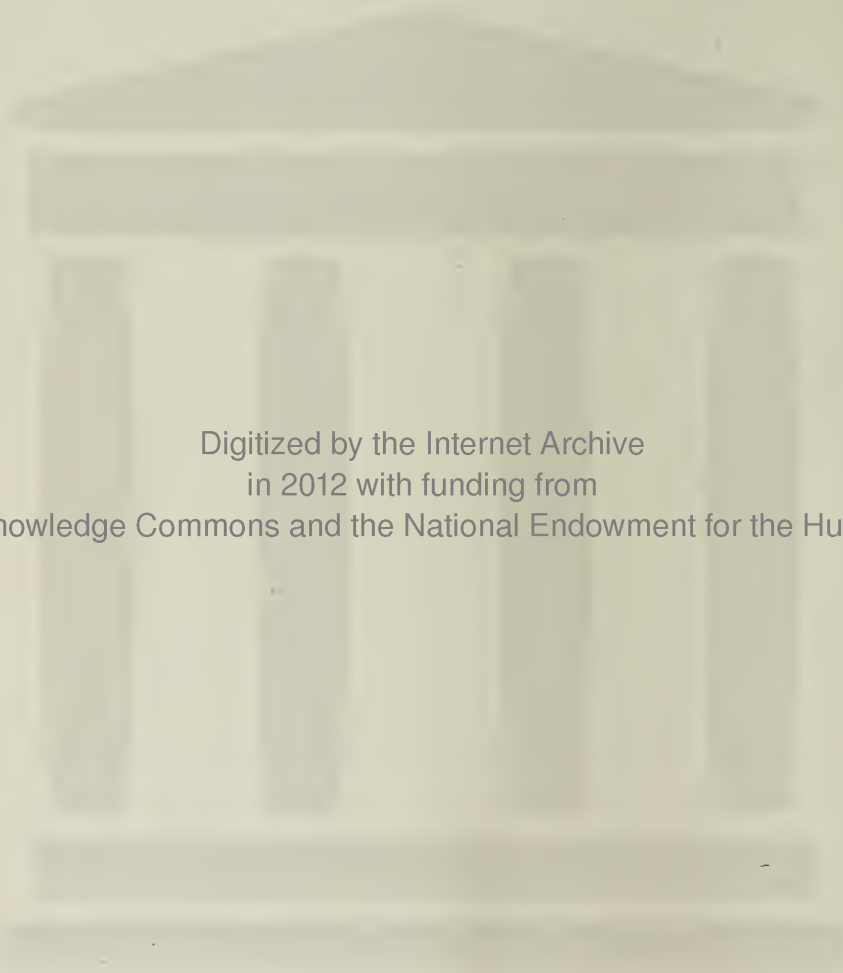




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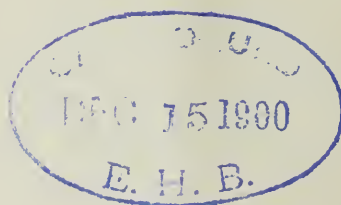
THE
NEW ENGLAND
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A Monthly Journal
OF
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"Die milde Macht ist gross."

VOLUME XXXIV.

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COMMUNICATIONS.

THE CURATIVE ACTION OF CERTAIN REMEDIES IN DISEASES OF THE UPPER RESPIRATORY TRACT.

BY GEORGE B. RICE, M.D., BOSTON, MASS.

[Read before the Massachusetts Homœopathic Medical Society, October 8, 1895.]

Those who are trained for special work, who devote their thought and action toward treating diseases of certain definite parts of the body, take upon themselves responsibilities toward the medical profession, and particularly the homœopathic medical profession. One of these responsibilities I believe to be the study of remedies as affecting healthy and pathological states of these certain parts, their influence on the healthy tissues and their power in curing diseased conditions. Accuracy in first diagnosis, accuracy in after observation, and care in selecting those cases for internal remedial treatment which come within the scope of cure are of course essential. Clinical evidence is not always reliable, but when the curative effect of a drug has been repeatedly clinically verified by capable observers one is surely justified in attributing to this remedy curative powers. I give nothing original here, but can, I hope, add to the confidence reposed in a few of our homœopathic remedies, as exerting a restorative influence over diseases of the upper respiratory tract. For the sake of brevity, I will take up single diseased conditions rather than single drugs, giving a group of the remedies which have proven themselves reliable in those conditions with their several indications.

Other remedies than those I have clinically proven effective may be indicated of course, but frequently the symptoms one finds are localized and constantly met, and those I may give here.

I have chosen for consideration the symptom nasopharyngeal catarrh because, although not a disease, it is a symptom of a variety of diseased conditions, and because the causes behind this symptom when recognized present a certain variety of pathological states, not all of them I believe curable by the internal indicated remedy alone. Perhaps we are most frequently called upon to prescribe for this symptom as found in children between the ages of three and sixteen years. In these cases, although the parent complains that the child has catarrh, further questioning will frequently develop these additional symptoms: mouth breathing, snoring, difficulty in articulation, slight deafness. Objectively, we find the patient rather pale in appearance, with a short upper lip, open mouth, and pinched look of the nose. An examination of the throat shows the tonsils to be more or less hypertrophied, enlarged follicles on the posterior wall of the pharynx, while the use of the rhinoscope or finger reveals an enlargement of Luschka's tonsil; this hypertrophy may be in the nature of a soft mass nearly filling the nasopharynx, or partially obstructing the posterior nasal passages and Eustachian orifices, or it may be fibrous in character presenting numerous crypts and depressions.

After cleansing away the collected mucus the surface is seen to be reddened and irritated or perhaps pale and puffy. In many such cases I believe that surgical or other local measures must supplement or precede the internal remedy. Particularly is this necessary when mouth breathing is a prominent symptom; but even in this case the remedy is of importance, and a permanent cure without its use cannot be accomplished. I shall mention but three remedies for this condition, namely, *calcaria carbonica*, *calcaria phosphorica*, and *calcaria iodata*. These remedies I have proven as efficacious over and over again. The *calcaria carbonica* patients with fair complexion, flabby muscles, excess of adipose

tissue, and of scrofulous diathesis are well known to every student of materia medica, but there are certain finer distinctions to which I wish to call your attention as indications for its use. The tonsils if hypertrophied are very much so; they are pale in color and soft to the feel. The Luschka tonsil is also soft. It bleeds easily on the slightest touch of probe or finger, the turbinated bodies are pale and puffy. The discharge, nasopharyngeal alone if the nares are obstructed, both nasopharyngeal and anterior nasal if the obstruction is not complete, is mucopurulent in character, at times streaked with blood. This latter symptom is particularly prominent if there is an anterior nasal discharge. It is at times profuse, but often scanty with sense of dryness in the nose and nasopharynx. The teeth are late in appearing and after their appearance decay quickly. The calcaria phosphorica patient is also of the scrofulous type, but of dark complexion, of thinness in flesh, and of firmer fibre. The tonsils, if hypertrophied, are smaller and offer greater resistance to the probe. The enlarged Luschka tonsil is also more resisting, and both the faucial and pharyngeal tonsil are of a more natural color than is found in the calcaria carbonica patient. The nasopharyngeal discharge is not as profuse and is more tenacious, but the larynx and bronchi are much more likely to be affected than in the preceding remedy. The patient almost invariably has either a slight cough or is continually clearing the throat to rid the larynx of its viscid secretion. Excitement arouses the patient to unwonted activity of mind and body, which condition quickly gives way to languor and depression of spirits. Both types take cold easily, the calcaria carbonica patient being most subject to nose and nasopharyngeal inflammations, the catarrh being greatly aggravated, while the second type of patient is mostly affected by a cold, either in the faucial tonsils, the pharynx, the larynx, or the bronchi, the nasopharyngeal discharge not being altered to any great extent. We find in the third remedy mentioned, calcaria iodata, many of the iodine characteristics, namely, the thinness of flesh, the tendency to glandular swellings, the

diathesis, scrofulous or syphilitic, the latter condition being a strong indication for the use of the remedy. This patient also takes cold readily, but the colds take the form of a vasomotor rhinitis, that is, swelling of the erectile tissue, while itching, heat, watery discharge, etc., or asthma or croup may make manifest the onset of the cold. Dr. Beebe, of Chicago, recommends this remedy above all others in croup, whether it takes the diphtheritic form or of membranous croup. He regards it as a specific if given early in the disease and continued persistently. The tonsils, though enlarged, present a ragged appearance from the numerous crypts and diseased follicles which indent their surface. Luschka's tonsil may be very greatly hypertrophied. It is firm, unlike the *calcaria carbonica* condition where it is enlarged but soft, unlike also the *calcaria phosphorica* condition, hard and small. The discharge is mucopurulent in character, like the *calcaria carbonica* discharge, rather profuse posteriorly, scanty anteriorly, whether the post-nasal obstruction be complete or the contrary. Persistent hoarseness is a common symptom; the *calcaria phosphorica* patient has a cough but is not hoarse, at least not persistently so. The first two of these remedies I have used in the third and sixth decimal trituration, the latter in the second and third. When I have once chosen the remedy I give it three or four times daily, persisting in its use for weeks or months. In my experience the curative action of these remedies is slow, but in the end extremely gratifying. I wish now to consider an entirely distinct class of cases, not as common as the foregoing, but still frequently met. They also have the symptom post-nasal catarrh, but it is from an entirely different cause, the origin not being constitutional and secondarily localized in the nasopharynx, but constitutional or traumatic and localized in the nasal passages. This form of the disease is not confined to any class or age. Allow me to present a typical case.

Mrs. B., age thirty-nine, occupation teacher, consulted me February 27, 1894, for a post-nasal catarrh which had existed to a greater or lesser extent for ten years. The

patient complained of great accumulation of mucus in the nasal pharynx, causing much irritation in this region and giving rise to constant efforts of clearing. Particularly was this the case at night, so that in consequence her sleep was much broken. There was a sense of fulness and dryness in the nose, though little anterior nasal discharge. Family history good, and but for a worn look of the face with pallor the patient seemed to be in fairly good condition. Could discover no digestive disturbances. Examination. Deviation of the cartilaginous septum towards the right. Marked tumefaction of both middle turbinated bodies, each in contact with the septum. Inferior turbinated bodies and septum reddened and dried in appearance. The vault of the pharynx was so covered with tenacious yellow mucus that its condition could not at first be determined, but after cleansing away this accumulation the parts were seen to be greatly inflamed. The oropharynx was in places atrophied and again covered with enlarged follicles. A mild form of laryngitis was present. Here was a case and a not unusual one where constitutional symptoms were in a degree lacking, and where the indications for the remedy must be found in the nose rather than in the post-nasal space, although it was of a nasopharyngeal discharge that the patient complained. To be sure we had symptoms in the nasopharynx, namely, dryness, irritation, and much stringy yellow mucus; but these conditions in this case could be directly traced to the nasal condition, that is, the inability of the nose to perform its function, that of purifying and warming the inspired air. This case is illustrative of the nasal cause of a persistent and extremely troublesome symptom. The nasal obstruction is hardly ever the same, but some form of hypertrophic rhinitis like the above is, however, frequently present. The origin of this might have been from the constitutional tendency to attacks of acute coryza, these attacks in time producing permanent tissue changes in the nose, or as before suggested, traumatism might originate the condition. If the nasopharyngeal disease is from the latter cause, the nasal obstruction will be primarily from a defected septum, from

the irritation of a septal spur, or from something of a similar nature. Here, of course, the internal remedy can do no good unless preceded by surgical measures. It will be seen therefore how necessary a correct diagnosis becomes before the prescription is properly made. In the first class of cases also surgical measures may become necessary in the reduction of the hypertrophied tissue, but many cures can be performed by cleansing applications and the indicated remedy. The array of remedies for a hypertrophic rhinitis is small, particularly if one is unaided by constitutional symptoms, but the following have served me well: lobelia cerulia, a remedy to which my attention was called by Dr. Teets, of New York, kali bichromicum, mercurius, and hydrastis. The indications for the first remedy mentioned, lobelia, are, and I give Dr. Teets' indications, depression of spirits, pain in the left side of the head and over the nose, itching and tingling in the nose, followed by frequent sneezing and discharge of thick mucus from the nostrils, with sensitiveness to inspired air or dust; additional indications for the remedy are found in the objective symptoms follicular pharyngitis and inflammation of the nasopharynx. Here Dr. Teets' symptoms cease, but I am able to add the following: the hypertrophy of the turbinateds is not pale and puffy such as is found in vasomotor rhinitis which the symptoms would indicate as existing, but the tissues are reddened, and after removing the secretion, which is thick, the membranes are left dry with a glazed look, particularly on the cartilaginous septum; this same glazed appearance can also be seen on the posterior walls of the pharynx. The remedy kali bichromicum would be thought of in the clinical case just described, but the tenacious discharge complained of is not a sufficient indication for the drug, and if it is prescribed on this indication alone, disappointment in its effects will quite likely result. It is not often mentioned in the text-books as one of the remedies likely to be called for in hypertrophic rhinitis, but bearing in mind the indication so frequently seen in its symptomatology, the ropy, stringy character of the secretion, and finding it sometimes curative

and sometimes not, an attempt has been made to more exactly differentiate its objective nasal indications, hoping in this manner to intelligently prescribe the drug in nasopharyngeal catarrh. The nasal symptoms for which I prescribe it are sense of fulness, stuffiness in the nose with constant desire to blow it or to remove the supposed obstruction by other means. The discharge is glutinous and is expelled with difficulty. On examining the nasal fossæ this mucus can be seen stringing from the septum to the turbinated bodies.

The septum appears dry, as in the first remedy mentioned, but there is a marked tendency of the septal membrane to break down, showing excoriations. The nose bleeds easily if the concretion covering the excoriation be removed.

The patient's effort to keep the nose free results in an ulcerative process, at the point which was originally an excoriation.

I do not believe that the ulceration of the septum narium, named in the books, is a direct symptom, but that it is the result of the inflammation and dryness, aided by the mechanical irritation of the patient's finger nail. This ulcerative process may become so well established as to involve the cartilage and produce perforation. This perforation is very different in cause and appearance, however, from that found in syphilitic disease of the nose, and when syphilis is present I do not prescribe the remedy.

Further indications for the remedy are huskiness, constant desire to clear the throat, and unreliable voice.

When this stringy mucus is found only in the nasopharynx and not in the nose or elsewhere, I attribute the localized condition mainly to physical causes, and do not, as a rule, prescribe this remedy.

Mercurius has a nasopharyngeal discharge, tenacious if the nasal function is impaired to a sufficient extent, profuse, but the naso- and oropharynx feel dry.

The familiar subjective symptoms, such as pain and fulness over the frontal sinuses, soreness of the nasal bones to external pressure, with much discharge from the nose of thick, yellow, bloody mucus, are, I believe, reliable.

The objective symptoms, again not considering those of the syphilitic patient, are swelling of the turbinated bodies, not the dry and reddened appearance mentioned in the two preceding remedies, but swelling of the soft parts which are covered with yellow or yellowish green mucus.

The tissues seemed to have lost their integrity, for although the mucous glands are overactive, yet the absorbent powers are inactive as in the iodine cases.

Small ulcerative processes may develop, particularly if the tissues are injured in the process of examination or by the patient's efforts to clean the nose.

Blowing the nose violently and pinching and rubbing the alæ against the septum may be sufficient to set up an ulcerative process, which might end in perforation.

The nasopharynx after being cleansed of its accumulated discharge is reddened, but presents the same unhealthy color, while the posterior of middle and inferior turbinateds are hypertrophied and of a white or slightly bluish white color.

I will only briefly mention the last remedy named in the group. Hydrastis has many symptoms similar to kali bichromicum. The appearance of the membrane is like. The inflamed membrane is also prone to excoriation and ulcerative processes are easily started.

The mucous discharge is also tenacious. It is more profuse, however, and there is more frequently associated with the nasal hypertrophies and the nasopharyngeal inflammation a follicular pharyngitis, while digestive disturbances usually manifest themselves by an all-gone sensation in the stomach and by persistent constipation.

The internal action of both of these drugs is aided by using the one indicated locally as well as internally.

Kali bichromicum I use in the third decimal for internal medication, and for local use a three-grain tablet of the first decimal trituration dissolved in an ounce of water.

Hydrastis I give internally, a tablet containing four minims of the tincture, and for local use one grain of the muriate dissolved in an ounce of water.

It is important to remember, in using these local remedies for the nose and throat, that the tissues must first be cleansed of their accumulated secretions before the local medicament can be properly applied.

One other class of cases I would mention. These patients also complain of catarrh. They will tell you that the discharge is considerable, that there is an accumulation in the throat, particularly on waking in the morning, of thick, greenish yellow lumps, that the throat is dry much of the time, that the sense of smell is impaired, and that their friends tell them that the breath is offensive.

A case from practice will best illustrate this form of disease, which from these symptoms has probably already been recognized by you as atrophic rhinitis or non-syphilitic ozæna.

Miss S., age thirty-seven, consulted me October 10, 1893, complaining of the above symptoms. The trouble had existed to a greater or lesser extent since childhood, but an attack of la grippe two years ago produced aggravation of the symptoms. Her general health was not good. Loss of sleep, an irritable stomach, and the consciousness that she was disagreeable to others on account of the offensive odor from the nose had caused a condition of debility. On examining the nose there was found an accumulation of greenish masses exceedingly offensive and hiding the tissues from view.

On removing the accumulation the posterior wall of the nasopharynx could be plainly seen through the anterior nasal fossa. The inferior turbinated body and the anterior portion of the middle turbinated body, including the bony tissue of the left fossa, were completely destroyed.

The destructive process had only just begun in the right side. Oropharynx dry and glazed.

On its upper portion could be seen the same kind of greenish collection observed in the left nasal passage. Fortunately this disease is not very common. Its origin need not be discussed in this paper other than that it is still a matter of opinion whether the disease results from an

hypertrophied rhinitis or whether a scrofulous or tuberculous diathesis must be established.

A specific bacillus peculiar to this disease has been discovered, and the fact of its being capable of producing a form of rhinitis in animals by inoculation established. The question now arises, Can it be cured by the indicated homœopathic remedy alone? I personally most emphatically believe not.

The indicated remedy may, and undoubtedly does, aid in curing the disease, but local cleansing and antiseptics are of primary importance.

To insure the best results the cleansing process must be carried out daily for a number of weeks by the physician. Spraying and douching are not sufficient. The parts must be well illuminated and cleansed with forceps, cotton, and spray. It frequently takes an hour to do this thoroughly in a recent case.

In this way, aided by the internal remedy, the catarrh can be controlled, but when this cannot be thoroughly carried out only partial relief can be obtained.

This fact has often been illustrated in the dispensary clinic where biweekly treatment only can be made against those who can come to the office for daily treatment.

In each case the apparently indicated remedy is given, but one class receives but temporary benefit, while the other practically recovers.

The disagreeable odor totally disappears. The loss of function from the destroyed tissue is in a measure restored, and the patient soon enabled to care for the nose properly without the aid of the physician.

I will not weary you with indications for remedies in this disease, for I cannot recommend one above another from personal observation.

The remedies for study are aurum met., arsenicum iod., silicia, sepia, argentum nit., kali bich., and sulphur.

AN INTERESTING SYMPTOM.

BY HOWARD P. BELLOWS, M.D., BOSTON, MASS.

March 3, 1897, a young man called at my office complaining of a distressing tinnitus in the left ear. It developed two weeks previous to his visit to me and had been an increasing annoyance ever since. There was no pain in the ear, nor any sensation of heat or of throbbing. The hearing power was practically unaffected. But when the rim of the ear was brushed by the hand it gave rise to an unnatural "woodeny" feeling in the ear; and a more decided touch of the hand or the contact of the coat collar occasioned a noise within the ear which my patient very graphically likened to "the bending of a piece of cloth which had been frozen." A rumbling sound, and to again quote the patient's words, "a sort of rasping noise," was produced within the ear by simply walking across the room.

The examination of this patient's ear revealed the cause of the annoyance at sight. Held firmly embedded in a coating of wax upon the anterior wall of the meatus, near the isthmus, was one end of a cut hair, which was about one half an inch in length, and the other end of the hair was held thus in constant contact with the superior posterior quadrant of the tympanic membrane. The tinnitus was occasioned by actual movements of the free end of the hair against the surface of the drumhead. After inquiry I learned that the patient's hair had been cut about the time the noise developed, and this bit of hair had probably been blown into the ear by the barber. Its removal by a pair of delicate forceps stopped the whole difficulty immediately.

This may seem like a trivial case to report before a meeting of our State society, but I present it simply as a text. The sermon will not be long, but the application, I hope, will be very obvious.

Does not the symptom, as presented by this patient, "a noise in the left ear like the bending of a piece of cloth which had been frozen," sound like many another symptom

in our expanded and complex *materia medica*? Does it not remind us, for instance, of that other symptom which we find under *eupatoreum purpureum* — “crackling, like burning of birch-bark; very much increased upon swallowing anything”? Suppose that, either led by this similarity in the character of the noise or through lack of any better choice of remedy, I had simply administered *eupatoreum* internally to this patient, in any potency whatever, and sent him away with the assurance that in a few days the annoyance would cease. The prediction in that case would have proven perfectly true, for within a few days more, by the natural process of growth of the cutaneous lining of the external meatus from within outwards, the hair would have been sufficiently withdrawn to no longer touch the drum-head. What a chance then for a real clinical verification! We might thus have had one more “verified symptom” in our *materia medica*.

It is not necessary for me to dwell upon this lesson. Its meaning is sufficiently plain. It means that every physician in the practice of medicine should have in his possession a suitable mirror and three or four specula for the examination of at least the external canal and the drumhead of his patients' ears. And furthermore, it means that the advantage of this will accrue not only to the patients themselves, but to the accuracy of our *materia medica*, of which we are so proud in spite of occasional errors and rambling prolixity.

Then, and not till then, shall we understand in our provings, with scientific accuracy, the meaning of symptoms like “crackling in the ears when moving jaws,” “crackling in ears when reading aloud,” “crackling in ears when eating,” and “crackling in ears when chewing,” symptoms which we find at present in the provings of seven different remedies, and which may or may not be of any useful significance whatever.

CHLOROSIS. — Besides the administration of arsenic and strychnia, the use of hot baths followed by cold douches has been very effective in cases of chlorosis. A complete cure has been reported in many cases. — *Exchange*.

OLD FRIENDS VERSUS NEW ACQUAINTANCES.

BY E. P. COLBY, M.D., BOSTON, MASS.

The spirit of the age and the spirit of the nation are constantly urging us to experiment and to discovery. It is this combination which results in progress. The outcome has been evident to even the most superficial observer. We have in our brief lives seen steam take the place of manual transmission of power, and at the present time we can see electricity and other agents supplanting steam; and who can doubt that mankind has been the gainer by such change? The accumulation of experiences in the manufactures and arts necessitates the abandonment of old methods and the substitution of newer ones from motives of economy. Every year thousands upon thousands of dollars are sacrificed in machinery because competition and advance have rendered it unremunerative. This spirit of progress has invaded every walk of life, not excepting that of our own conservative profession. The temptation to travel in newer and more royal roads is quite beyond resistance, and thus we welcome each new remedy or appliance, having a preformed belief that it must be more successful than the old. We are naturally prone to adopt that which is novel, either in theory or in appearance. To a certain extent this is praiseworthy, for without such animating spirit the methods inculcated by Hahnemann would still lie inoperative. But there is a limit beyond which it is not profitable to advance. Every new theory or method requires a period of sedimentation during which the new discovery can be perfected and consolidated, during which the various early data can be arranged and justified. This very process, analytical in its nature, may equal in value the original observations, and be more profitable than new excursions for fresh material. In the earlier days of our school, when the enthusiasm of the revolution animated the efforts of its disciples, they all made most minute and patient provings of drugs upon the persons of themselves and all their willing friends. All symptoms

were carefully noted, and most of them in chronological order. These records form the material for our study to the present day. Undoubtedly much which is inconsequential is recorded, but in so far as they have presented us with an orderly narrative, we can make reliable selection as truly and readily as they could who observed very likely more critically; and just reflect upon what a mine of wealth is left us, even after the most careful sifting. These records were not very much modified by previous notions of pathology, but on the whole were quite unsophisticated. The remedies tried were comparatively few, so that several individuals could work upon the same drug. This course was pursued for several years and the results turned in to the common treasury. Then there followed years of trial, during which the induced symptoms were practically verified in treating disease, and so we finally have presented to us the story told from two different standpoints. This is the pathogenic history of nearly all drugs of the first fifty years of our materia medica. These provings are truly our old friends and tried friends; in number not large, yet sufficient to cure a large percentage of curable diseases, and potent enough to command the fealty of many thinking, honest men, and finally women. In due course of time the number of those who were attracted to our method increased; for access to the ranks was much more easy than in the olden time, and the painstaking enthusiasm perceptibly waned. People were ambitious to extend the novelty, but no longer were they animated by the same self-denying spirit. New drugs were largely and rapidly admitted from various sources, chiefly clinical, and symptomatology was much more frequently made up from the curative effects of remedies upon the sick, and the original methods of proving became less prominent. Provings upon the healthy were made in smaller series when offered for acceptance, and very likely the provings were made hoping to verify the clinical results rather than *vice versa*. For some reason the physician ceased to have among his friends those who would consent to prove a drug "to the limit." It became the mode to select a shorter and

easier road to the knowledge of drug action. With this somewhat informal introduction we cordially welcomed our new acquaintances. Cheerful and well enough behaved indeed, as far as it went, but somewhat lacking in that usefulness under trying circumstances to which our old friends had habituated our expectations. I readily acknowledge that several remedies like gelsemium, cimicifuga, and a few others bear the proper earmarks, but this does not invalidate the criticism upon the mass of our new remedies. Perhaps, even probably, there will not again prevail the same enthusiasm which existed seventy-five or more years ago, and we cannot count upon the same methods and results; but we should remember and be thankful that our archives still contain the records in as great purity as when the provings were made, and to these narratives as preserved in the original journals and translated and published in an authoritative way I would beg to direct the attention of all, but more particularly of those who have but recently entered our guild. Our predecessors were never satisfied to limit the use of aconite to those cases which exhibited a rapid pulse and high temperature, but found it equally the similia in many chronic diseases. Nitric acid was found beneficial in cases which did not possess visible hepatic disturbance nor weakening sweats, but had finer and more involved symptoms, simulating actual diseases, — pathological conditions, either with or without a name in our nosology. Did time at my disposal permit, the list of examples might be extended through scores of instances, but the object of these few words is to awaken discussion, and time must be allowed for that purpose. The use of the provings is at our disposal. They were made in a truthful and orderly way. We can proceed by analysis or synthesis, according to our individual beliefs, but whatever way we use them, they are valuable. They are old and tried friends, ready to lend themselves to our service if we are only willing. Let us not therefore neglect them. Our newer acquaintances need not be rejected. We can entertain them hospitably, but not to the point of turning the cold shoulder to our old friends. It is time to fly to salve

and wintergreen oil when our well-tried rhus and sulphur, with their comrades, have been found wanting, and so on to the end of the honorable list. The argument prevails that the provings were not conducted in the light of modern science. Very good! Who is to blame for that? We can extend these very provings directed by the brightest light of the present day and we shall but add to, not take from, the record of these old friends of three generations. It is our manifest duty, and to avoid this duty betokens selfish ingratitude. To possess the faculty and the opportunity and not use them is to submit to the commercial spirit, foreign to our self-sacrificing profession. Finally, it is proper to again call attention to a statement made in the text of this article, namely, "These records were not very much modified by previous notions of pathology," etc. You will find this to be practically true.

Excepting some *expressions* adopted from the old and expiring humoral theory, but merely as *expressions*, the statement is correct. That there were theories attached to the new school we all know. As, for instance, the belief in the psoric and sycotic origin of chronic disorders, this was almost a matter of religion with Hahnemann, and fully adopted by his collaborators. You will, however, readily see that this was an application, an afterthought, and does not to a modifying extent appear in the proving. We can apply or reject the theory as we choose from the very same data which existed then. We can cut the diamond according to our taste, but the inherent lustre is still there.

THE INITIAL LESION OF SYPHILIS AND ITS TREATMENT.

BY A. H. POWERS, M.D., BOSTON, MASS.

There is hardly a more important disease than syphilis. The years which are liable to pass ere a radical cure is established, and the insidious attacks on any or all the tissues of the body, make it a topic of prime importance; and though

little if anything new can be said, yet the discussion of some features of the initial lesion may prove of profit.

When the syphilitic virus comes in contact with the absorbents of the body of a person who is not immune, that person is infected with syphilis, and the manifestation at the point where the virus enters the body is called the initial lesion.

This initial lesion is present as soon as there is a break in the skin or mucous membrane, and the syphilitic virus comes in contact with the lesion and infects it; but there elapses a varying time before it is distinguishable as a chancre, and in some cases it is said to never become noticeable. The length of time from infection to the presence of a recognizable lesion varies, as you have so many times heard, from three to eighty or ninety days. This is the period of primary incubation. The much more common period of this primary incubation is from ten to thirty days, and yet we must remember that at times cases are seen at either extreme of the limit, and thus it is that we may need to be guarded in our diagnosis. After the infection has occurred then gradually appears a round cell infiltration about the vesicle, and this infiltration extends involving all the structures till there comes to be the indurated lesion which has so often been called the hard chancre. This infiltration may depend on the location of the lesion and the mechanical irritation to which the lesion is subjected. This induration is probably never absent, but it may be so slight that it is not recognizable to the touch. Often, however, there is such induration that the mass seems like a bit of wood or cartilage in the skin or mucous membrane.

There is besides this induration an excoriation or ulceration of the tissue at the point of infection, and this may extend to an area of considerable size and lead to marked scarring and possibly some deformity which is permanent.

As a rule, however, the initial lesion leaves slight or no lesion relics behind when it heals, and the old suggestion to look for relics of the initial lesion on the genitals in case of suspected syphilis is valuable only when a positive distinctive scar is found and is not exclusive when absent.

There is a form of initial lesion which has slight induration and yet there is often marked loss of tissue, and there is, at times, considerable swelling and local œdema. I refer to the so-called mixed infection. When the same point is infected with syphilis and pus germs there often appears a lesion which has many of the characteristics of the "soft" chancre, and there is often considerable discharge and quite likely multiple lesions appear. The acute inflammation from the pus germs overshadow the effects of the syphilitic virus, and these cases when seen and treated are often considered simple sores till the later symptoms make the diagnosis clear.

There may be relapses of this ulcer occurring when nearly healed and this may be repeated one or more times, thus constituting the relapsing chancre. It has been assumed that the soft chancre or chancroid is caused by the ordinary pus germs, but candor compels the admission that this is a question on which there is much difference of opinion.

The simplest form of lesion is that of the papula, which may be small, dry, flat, large, or moist. This simple lesion may be and often is unnoticed by patient, and may even fail to attract the attention of the attending physician.

Already I have intimated that an initial lesion may occur on any part of the body, and conservative estimates place seventy-seven per cent on the extra-genital parts of the body. This leads one to think that syphilis may frequently be acquired innocently, and we cannot assume that all genital lesions are *prima facie* evidence of debased morals. The truth is that from five to ten per cent of cases of syphilis are innocently acquired. The topic of the distribution on the body of the initial lesion is too great to speak exhaustively upon in a paper like this, and in passing attention is called to the frequency with which it is found about the mouth, and here the angles and the tonsils are seemingly favorite locations. The initial lesion is more rarely seen in women than in men because it is within the vulva and causes no pain, and a slight discharge is not thought to be of much importance. There is one location, namely, on the breast of

women, where I think it will be seen less frequently than in the past, since there are few wet nurses employed at present, and hence the danger of infection from syphilitics' children is lessened.

Coincident with the growth of the initial lesion there appears another condition, a part of the same disease, to which attention must be called. This is the involvement of the neighboring lymphatic glands. Here we find not a single enlarged gland as often occurs in gonorrhœa, but a chain or group of them; and these are usually small, hard, and freely movable under the finger, and not the boggy mass which may be found in glands infected from suppurating lesions. Abscess is quite rare in the glands infiltrated from the initial lesion, and I believe when an abscess does occur it is usually if not always in those cases of mixed infection, and the abscess is caused by the pus germs rather than by the syphilis. This involvement of the lymphatics is a most constant symptom and a great aid in diagnosis.

The initial lesion may be mistaken for an epithelioma or a simple chancre. Epithelioma does not usually occur before forty years of age and the lymphatics are involved very late. The duration of the lesion is also a point in differentiation. In simple chancre the induration is wanting and the glandular infiltration is of one, two, or three large soft glands liable to open from the retained pus. Secondary or tertiary syphilitic lesions may simulate the initial lesion, but the induration is not usually so distinct and the lesions are not often solitary and there may be no glandular enlargement.

A history of other lesions or the presence of lesions or lesion relics will help to exclude the initial lesion. With herpes progenitalis there is no induration, no glandular involvement, and there are multiple lesions often occurring in successive crops.

The treatment of the initial lesion is a much-mooted point. There is an almost unanimous testimony that mercury administered internally causes the induration to pass away and hastens the healing of the lesion. That this is desirable is doubted by so able a syphilographer as Dr. R. W. Taylor,

and he cites a number of equally noted men as favoring his idea. He would use all the time from the discovery of the initial lesion to the eruption of the secondary lesions in building up the general health of the patient, preparing his stomach for the ordeal which it must undergo, and making his teeth healthy and the gums firm. Those of us who believe in the more minute dose are not as liable to encounter gastric rebellion and spongy gums later in the case. For my part, I think that merc. biniodide or the bichloride can be used with benefit, and on these two forms of mercury I place most of my dependence. Locally the lesion should be kept aseptic if possible, and the first decimal trituration of calomel serves as one of the best dressings. Wash the lesion clean with a sterile normal salt solution, dry it carefully, and apply a liberal dusting of the trituration and cover with a bit of absorbent cotton. In some cases aristol has served me well. Once in a while a sluggish ulcer may be hastened in its healing by touching it with acid nitrate of mercury. With these simple means the initial lesion may be well cared for and the patient prepared for further lesions when they occur.

NOTES ON APOMORPHIA.

BY MARY S. HORNBY, M.D., DORCHESTER, MASS.

In the spring of 1893 my attention was first called to the use of apomorphia in hysteria, by a physician who stumbled upon its use, having given it to an hysterical patient to control vomiting, and thereby curing a severe form of hysteria. This is the only authority I have for the use of the drug in the following case : —

On May 4, 1894, I was called to see Miss S., age doubtful, probably from forty to forty-two, tall, slim, sallow complexion, dark hair and eyes, nervous temperament, constipated habit, inveterate coffee drinker, occupation that of a clerk. Family history showed tuberculosis on the maternal side, paternal side negative.

I was called to relieve the patient of an attack of hysteria, which expressed itself in that familiar form of uncontrolled

laughter followed by weeping. I mixed twenty drops of nux mos. 3 x in one third of a glass of water, ordered two teaspoonfuls every fifteen minutes until relieved, then once in two hours. In an hour's time she was out calling on some friends, where I had an opportunity to observe her through the remainder of the afternoon and evening. Though the outward expression of the hysteria was subdued, I saw that she was suffering from some intense nervous tension. I could not gain her confidence, except that she was worried about some home affairs, and had not been eating for several days, but drinking black coffee. I discontinued the nux mos., and gave several doses of nux vom. 2 x. She retired late. It was about midnight when I heard a loud, sobbing sound coming from her room. I pushed open the door, and saw her half seated, half falling from a chair; her head thrown slightly back and to the side; eyelids partly closed, with the eyes rolled back; mouth partly open; the right hand grasping the neck of the nightdress, the left hanging listlessly at the side; respiration short and very shallow, with this peculiar sobbing sound that one sometimes hears in very severe attacks of asthma.

Later I noticed that the muscles of the chest were drawn in, as in extreme expiration, and remained in that spasmodic condition, relaxing only sufficiently to allow her to take a very short inspiration. The face was livid, the pulse full and slightly accelerated. I threw the window open near which she sat, bathed her hands and face with spirits of camphor, and held it to her nostrils. In a few moments she recovered, perfectly conscious, smiling and saying, "Thank you, I'm better now," and immediately relapsed into the same condition.

In a lucid moment I helped her to the side of the bed, where she sat from twelve to three o'clock without falling, her body inclining to the right and swaying in that direction. In each attack her right hand grasped the throat, as though she were smothered; the left hung at the side. I gave a tablet of moschus 2 x every twenty minutes until two o'clock, with the result of seeing the faint grow more profound and last longer. I had asked for counsel and been refused on the

plea of not wanting people to know. I felt positive that this was a phase of hysteria. I remembered the doctor's experience with apomorphia and determined to try it. I gave one twentieth of a grain tablet, by the mouth, once in twenty minutes, with a marked improvement in half an hour. A new symptom appeared, that of eructations of gas, so violent and prolonged as to cause exhaustion and severe pain in the left side. These attacks always terminated in this way. At half-past three the nerve wave had passed over, and though exhausted, the patient was bright and willing to talk about her condition. At four she fell asleep, sleeping soundly until seven, when she went to her work, looking and feeling as though nothing had happened. She had had an attack on the night previous to this, but had had no assistance. I advised a tablet of apomorphia night and morning, but was obliged to discontinue it after the first day, owing to the extreme diaphoresis it produced, and I was finally obliged to control it with jaborandi.

In 1895 and 1897 she had two attacks which were controlled within an hour with apomorphia, with the same diaphoretic result following. The patient has been thus afflicted since childhood, the attacks coming on about midnight and passing off between five and six in the morning. She knows when they are coming, and can hold them in abeyance for a time, but they finally overpower her. She has a stepsister and cousin similarly afflicted.

I will call your attention to two other uses of the drug that I have had an opportunity to verify. These are as an emetic, and its opposite, to prevent emesis.

The first was employed in the case of a child five years old, who had eaten the thorn apple, stramonium. One twentieth of a grain was given hypodermically, and emesis followed in ten minutes.

The second was also employed in the case of a child who was suffering from an attack of gastritis, when ipecac and nux vom. made no impression upon the nausea and vomiting. One twentieth of a grain of apomorphia on the tongue relieved the vomiting almost immediately, and nux and arsenicum completed the cure.

SAVING THE TWENTY-FOUR HOURS' URINE.

BY F. P. BATCHELDER, M.D., BOSTON, MASS.

If the past be any criterion, the importance of examining a portion of the mixed and measured twenty-four hours' urine is very slightly appreciated.

It is not sufficient to simply make a few chemical tests, take the specific gravity, and draw conclusions therefrom when one takes a sample of urine indiscriminately from a patient. Again, it is not enough that one should simply search far enough to decide whether our patient has nephritis or diabetes, or not. We must know from time to time the actual daily work done by the kidneys, in order to intelligently watch and guide our patient and know the approach of danger.

The years of life are made up of an aggregation of daily or twenty-four hour cycles, each, from the physiological view point, somewhat closely resembling its fellows. All extended studies of renal activity have been made in view of this fact, and all general and special averages governed thereby; hence in taking present physiological standards as our bases, conformity to the general principles upon which these have been constructed is imperative.

The experiences one meets, where the patient receives no specific instructions as to saving the twenty-four hours' urine, partake both of the humorous and the uncertain.

A typical experience of the writer was as follows: He simply instructed his intelligent patient to bring him the twenty-four hours' urine, carefully saved in a thoroughly cleansed bottle. In due time the whole of the specimen was brought to the office. The patient had saved the urine as follows:—

Reckoning began in the morning on rising. The urine passed then was saved, and all voided from that time till and including what was passed on rising the following morning, at the same hour. On interrogation it was found that no urine was voided after retiring the night before the first por-

tion was saved. Therefore the bottle contained the renal secretion of about thirty-two hours, and all conclusions based thereon would be inaccurate when compared with normal standards.

Repeated tests have led me to place in the hands of my patients and some of my colleagues specific instructions, such as the following :—

DIRECTIONS FOR SAVING THE TWENTY-FOUR HOURS' URINE.

Commence the *reckoning* at a specified hour (6 or 7 A.M., for example).

Pass urine then, and throw it away. Starting thus with the bladder empty, save all urine passed from that time onward, including that passed at exactly the same hour the following morning, thus ending the twenty-four hours by emptying the bladder.

In order that none be lost, always pass urine separately just before going to stool.

Mix well the twenty-four hours' urine thus saved, and bring the whole for examination, or let your physician measure it *very carefully* with a glass graduate, noting the exact total quantity.

Send without delay 8 fl. oz. (one half pint) of the mixed and measured urine for examination.

With this send a slip bearing the following information :—

NAME.	AGE.	WEIGHT.
OCCUPATION.		

Twenty-four hours' amount of urine as measured (in fl. oz. or ccs.).

Date and hour when you began and ended saving the urine.

State kinds and quantities of food eaten during this period, and if possible for the preceding twenty-four hours.

Kinds and quantities of fluids drank during same periods.

State how much exercise you are taking.

Number of urinations.	Day.	Night.
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In special cases concise directions must be given to bring day and night urines in separate bottles, that the ratio of one to the other may be accurately determined.

Clean sterile receptacles at all stages will greatly enhance the final results.

EDITORIAL.

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

OUR DUTY TO OUR MEDICAL SCHOOLS.

The beginning of the new year finds the affairs of the homœopathic branch of the profession in an encouraging and prosperous condition. The past year has been not uneventful in many respects, and the steady advance in public estimation and confidence is exceedingly gratifying. This confidence is amply shown by the continued munificent bequests to the hospital; by the generous donation which made our new nurses' home possible; by the recognition of our school in the establishment and management of the new hospital for the tuberculous at Rutland; and by the cessation of persistent and unwarrantable criticism on the part of some public officials of the management of the Westboro Insane Hospital, and the recognition of the good work done there, as is shown by appropriations for increased buildings and facilities.

We should not lose sight, however, of the fact that these evidences of increased public favor and trust carry in themselves increased responsibilities, and place upon us the task of seeing to it that the direction and management and conduct of all these institutions intrusted to our care are brought to such a degree of excellence and perfection that against them can be aimed no cavil.

In close touch with this whole question of the management of these public institutions and vital to it is the question of the conduct of the medical school, for upon it the character of the work there done and the quality and ability of the graduates therefrom will the future integrity of these institutions as homœopathic institutions largely depend.

While the medical school has ever taken a foremost rank and sometimes the lead in advancing the cause of higher

medical education, it is by no means sufficient that we should rest even a little on our laurels, or stop to pat ourselves on the back ; for while we may be laying this "flattering unction to our souls" the world moves on, and we shall find ourselves trying to catch up with the procession instead of being in the lead.

The country is overrun, as it were, with medical schools, the profession surcharged with practitioners. The only remedy that will ever remedy will be the natural working of that immutable law, "the survival of the fittest." Let us see to it, then, that we are of "the fittest." There is but one way to make and maintain a successful and influential and powerful institution of learning of any kind, and that is by offering the best and then seeing *that the offers are scrupulously fulfilled*. Already the handwriting on the wall indicates clearly to those who read that the present high standard must be pushed still higher, the requirements for admission to the study of medicine must be much more exacting, and should comprise such previous training as obtains the degree of A.B. or its full equivalent, the continuance of the present compulsory four years' course, with an option of five years, which, we believe, would in the not far distant future also become compulsory.

That the taking of so radical a step might be accompanied with financial embarrassment in an institution dependent for the most part upon its students for its income may be possible, but in our opinion it would be transient and not permanent. Eventually the school with the highest standard and most rigid and difficult requirements not only attracts the best quality of students, but also those best able to pay liberally. The capable, sincere student with abundant means is going to have *the best*, and for that he is willing and able to pay. It is good business then to furnish the best and thus attract students of this caliber.

"But it is by no means the richest student who makes the best doctor," we hear some one say, and it is very true. For just that reason the medical school should be liberally *endowed*, if not with sufficient means for its entire support,

with at least sufficient to furnish aid in the form of scholarships to those needy students whose ability and conscientiousness in work warrant such financial assistance.

The chief reason the medical school is not so endowed is that the public is not alive to its necessities. It does not realize the needs and the vast expenditure necessary to the maintenance of a medical school of the first class, and further to ignorance of the fact that in the present case the income for a greater part of its expenses comes from tuition fees, and that the services of the professors and instructors are for the most part entirely gratuitous.

The enlightenment of the public to this necessity must come principally through the efforts of the practitioner, and just herein is the opportunity for the alumni of the school to do good work. Let each and every one, quietly and modestly but persistently, spread these necessities abroad and emphasize constantly the fact that the future success of our institutions which have been so well established and so generously supported depends upon the ability, the education, and the scientific training of those in whose charge they are placed ; that such training must be obtained in the medical school ; that the medical school needs money in order to furnish such proper scientific education ; in short, that the medical school must be permanently and liberally endowed.

These facts once generally known, the money will be forthcoming, for rarely has a worthy public or quasi-public institution in our good old Commonwealth asked for help and asked in vain.

EDITORIAL NOTES AND COMMENTS.

AMERICAN SUBSCRIBERS. — The American subscribers to the International Monument Fund for the restoration of Hahnemann's tomb have contributed nearly \$270. The greater part of this sum has been sent to Dr. F. Cartier, Paris, through Dr. B. W. James, of Philadelphia, who will receive further amounts. We are requested to print the following list of contributors : —

Dr. W. P. Wesselhoeft	\$100.00	
Massachusetts Surgical and Gynæcological Society	50.00	
Dr. John McE. Wetmore	25.00	
Dr. Bushrod W. James	20.00	
Alumnæ Association of the New York Medical College and Hospital for Women	12.00	
Dunham Medical Club of Hartford, Conn.	6.00	
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Miss I. Florence Himmelwright	1.00	
	\$261.00	
		Francs.
		1316.60
Dr. Tisdale Talbot (paid direct to Dr. Cartier)	20.00	
Dr. A. B. Norton " " " " "	20.00	

SOCIETIES.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday, December 1, 1898, at 7.45 P.M., Vice-President Sarah S. Windsor, M.D., in the chair.

The records of the last meeting were read and approved.

The following physicians were proposed for membership: Charles Tilden Howard, Wesley Terence Lee, Lucille A. James, and S. Elizabeth Slagle, all of Boston.

E. R. Johnson, M.D., Wollaston, Catherine Elizabeth McGovern, M.D., Dorchester, and Mary A. Pearce, M.D., of Dedham, were elected members of the society.

The following amendment to Article V of the Constitution, proposed at the November meeting, was adopted by the society, namely: "At the December meeting the President shall appoint a committee of three to nominate officers of the society for the ensuing year. Said committee shall nominate two candidates for each office and send their report to the General Secretary not later than December 21. A copy of this report shall be sent to each member of the society, with the program of the annual meeting."

The following committee was appointed by the chairman to nominate officers for the ensuing year: George H. Earl, M.D., Frederick P. Batchelder, M.D., and Emma J. Peasly, M.D.

The Obituary Committee presented through its chairman, Dr. E. P. Colby, the following resolutions on the death of Dr. J. Heber Smith:—

Whereas, It has been in accordance with the inscrutable plans of an all-wise Providence to remove from our fellowship our dearly beloved friend and colleague, Dr. J. Heber Smith:

Therefore, we, the members of the Boston Homœopathic Medical Society, do

Resolve, That in his translation to a more exalted field of duty, we are deprived of the comfort and usefulness of his valued presence. In times of adversity he was a staff upon which we could lean. In times of success he was always a cheerful and acceptable participant. His absence from our midst leaves a void in our hearts which can be but imperfectly filled by pleasant memories.

Resolved, That we tender to his bereaved family our sympathy in their great loss.

EDWARD P. COLBY,
CONRAD WESSELHOEFT,
FRED B. PERCY,

Committee.

The chair appointed Drs. Stephen A. Sylvester, H. E. Spalding, and Howard P. Bellows an Obituary Committee to

draw up resolutions on the death of Dr. O. S. Sanders, of Boston.

The resignation of Dr. Walter E. Harvey, of Cambridge, was read by the Secretary and accepted by the society.

On the motion of Dr. J. P. Sutherland, it was voted that a committee of six be appointed to consider the matter of the publication of the valuable paper read at the November meeting by Dr. J. Wilkinson Clapp on "The Present Status of the Pharmacopeia," and if they deem wise publish the same as a tract from the Boston Homœopathic Medical Society and distribute it to all homœopathic physicians throughout the country. The following constitute the committee as appointed:—

John P. Sutherland, M.D., I. Tisdale Talbot, M.D., Alonzo Boothby, M.D., H. E. Spalding, M.D., H. C. Clapp, M.D., and Fred B. Percy, M.D.

Dr. F. P. Batchelder, Chairman of the Section of Sanitary Science and Public Health, suggested that the rules be suspended at the next meeting, and the section be allowed to report at an adjourned meeting, say January 19, instead of the annual meeting. By such an arrangement the Bureau would be able to make a complete report.

REPORT OF THE SECTION OF OPHTHALMOLOGY, OTOTOLOGY, AND LARYNGOLOGY.

S. A. Sylvester, M.D., Chairman; Marion Coon, M.D., Secretary; T. M. Strong, M.D., Treasurer.

The following were appointed to nominate sectional officers for the ensuing year: George E. Rice, M.D., T. M. Strong, M.D., and Frank L. Newton, M.D., who reported as follows:—

George H. Talbot, M.D., Chairman; Emma J. Peasly, M.D., Secretary; and J. Miller Hinson, M.D., Treasurer; and they were duly elected by the society.

PROGRAM.

I. The Treatment of Conjunctivitis and Phlyctenular Keratitis. George A. Suffa, M.D. Discussion opened by J. Miller Hinson, M.D.

2. The Treatment of Aural Neuralgia. Howard P. Bel-
lows, M.D. Discussion opened by August A. Klein, M.D.

3. Do Sprays, Local Applications, and Nebulized Medical
ments interfere with the Curative Action of the Homœo-
pathically Indicated Remedy? George B. Rice, M.D. Dis-
cussion opened by George H. Talbot, M.D.

4. The Use of Mercurials in Throat Affections. T. M.
Strong, M.D. Discussion opened by N. H. Houghton, M.D.

5. Keratometry and Astigmatism. David W. Wells, M.D.
Discussion opened by George A. Suffa, M.D.

Discussion.

1. In discussing Dr. Suffa's paper, Dr. Hinson said: Under
the head of "Catarrhal Conjunctivitis" we find pink eye as
the typical form. It is due to a specific bacillus, the bacillus
of Weeks, first noted by Koch in Egypt in 1883. Pink eye
is classed among the epidemic rather than the endemic dis-
eases. Personally I use hot or cold compresses, according
as to which is more grateful to patient. Aconite and pulsa-
tilla, in simple form, are usually found efficient remedies. In
pink eye, bell. and rhus tox. with atrophine may be needed.

The larger per cent of ophthalmia neonatorum occurring
in practice of students I think is due to the careless, un-
cleanly class of patients they reach rather than to lack of
instruction or care. Again, the student reports these cases,
while the practitioner may treat them personally and we do
not hear from them.

The microscopical examination of vaginal discharges, as
suggested by Dr. Suffa, seems to me not only impracticable,
but superfluous, if Credé's method is carried out in each
case. We must bear in mind that an ophthalmia equal in
virulency and destructiveness to a gonorrhœal ophthalmia may
be caused by microbes other than the gonococcus of Neisser
(1879), namely, the staphylococcus pyogenes aureus and alba,
the streptococcus pyogenes and the pneumococcus.

We all probably use boric acid as a matter of routine. I
find, however, that equally good results are claimed for the
use of sterilized or distilled water as a cleanser. So far as I

can learn, boric acid has no germicidal effect upon the gonococcus. Dr. Burnett champions formalin 1-2000 as an antiseptic. He also uses nitrate of silver; the use of the stronger solutions being followed by salt solution and cold compresses to prevent undue reaction. When nitrate of silver is needed it should be used twice in twenty-four hours.

In the beginning of ophthalmia neonatorum I prefer aconite. Later, if I have occasion to change the remedy, I have recourse to remedies mentioned by Dr. Suffa.

I am under the impression that an opacity centrally located, provided it does not entirely fill the pupillary area, causes less annoyance than one situated at periphery of pupillary space. There appears to be a diversity of opinion as to use of eserine. Personally I know one prominent ophthalmic surgeon who uses it to the exclusion of atrophine in keratitis. Is not the iritis coincident with, rather than resultant from, use of eserine? As to the conjoined use of eserine and atrophine, I should like to inquire of Dr. Suffa whether the atrophine is used for its mechanical or medicinal effect.

I wish to emphasize the reference made to the care of the teeth. I know of one case of persistent keratitis which yielded immediately after extraction of a decayed tooth. As to remedies for phlyctenular keratitis, if one is to be preferred before another, I think rhus is that remedy. In the treatment of keratitis and corneal ulcer the text-books advise some form of mercury locally. In such local use of mercury there is one thing to be avoided, namely, the giving of potas. iodide internally at the same time, as there is formed a caustic mercuric iodide which is highly irritating to the eye.

Dr. Frank L. Newton: I think, if I had a word to say here, it would be in defence of the dispensary patient respecting his uncleanness. I do not know as a physician finds any more uncleanness here than among other patients. I do not know that in my somewhat extended experience I have found them objecting to soap and water. I scarcely feel that we should so often refer to the uncleanness of dispensary patients. This disease is not necessarily con

tracted by the uncleanness of the patient, for if it is in the secretion which comes from the vaginal canal, I cannot see how the patient is responsible.

Dr. Suffa : Eserine has caused a good deal of irritation and pain. It is a remedy to be used with caution. I have failed to see a case where it has acted favorably, and would not advise a general practitioner to use it. Boric acid has no germicidal effect, but it has a very beneficial effect on the eye, and is decidedly better than pure water. I cannot recommend nitrate of silver twice a day. I use it once in two days, depending upon the amount of secretion. I have carried many cases through without nitrate of silver.

Dr. Hinson : In the majority of dispensary cases the patients are careless and will not carry out the directions of the physicians. I refer particularly to the application of compresses and other local applications.

2. Dr. Howard P. Bellows next read his interesting paper on "The Treatment of Aural Neuralgia."

Dr. Hinson : I consider Dr. Bellows' paper a very excellent and practical one, not only to the specialist but to the general practitioner, and suggest that it be printed.

Dr. Klein : I do not advise the use of cocaine or chloroform for the earache, but prefer moist heat. In inflammatory cases I have found spraying the ear with tincture of aconite and ether beneficial in checking the pain for the time being. I think internal remedies should be given also, but first stop the pain.

3. The next paper, "Do Sprays, Local Applications, and Nebulized Medicaments interfere with the Curative Action of the homœopathically indicated Remedy?" was read by Dr. George B. Rice.

Dr. George H. Talbot : I regret that for the sake of discussion I cannot disagree with Dr. Rice in his very practical paper. In reality it opens the old question, but to my mind there is no doubt that a large number of cases of catarrhal inflammation are cured by external treatment. Hahnemann holds that the indicated drug offers the only means of cure, and that there is a special use and a special kind of action

for each drug. If we can admit that in the application of local treatment we never use the internally indicated drug, that its dynamic effect does not enter into the question, we may then be able to decide whether local cure is a mere suppression or whether the cure is due to the dynamic force of the internally indicated drug. While I believe we appreciate the great service he has done for homœopathy, we should not lose sight of the fact that Hahnemann was fond of theorizing, and his theories should be received with caution.

Dr. Bellows : Local applications which have a violent stringent action I consider objectionable, but those which are chosen for their medicinal effect are similar to those which are selected for their internal action. It seems to me that the objection which can be offered for the use of local remedies is very slight.

Dr. Klein : I think if Hahnemann had lived in our time he would have used local remedies to destroy bacteria. I claim that remedies for local application are just as necessary as internal remedies. I use a good many external remedies as antiseptics.

4. Dr. Strong next read an interesting paper on "The Use of Mercurials in Throat Affections." Owing to the lateness of the hour Dr. Strong's paper was not discussed.

5. Dr. David W. Wells then read a paper on "Keratometry and Astigmatism."

The meeting adjourned at 10.30 P.M.

FRANK E. ALLARD, *Secretary.*

GLEANINGS AND TRANSLATIONS.

AN ANTIDOTE TO THE RHUS POISON. — In the *Medical Record* for April 16, 1898, is an article on Rhus toxicodendron, by Dr. Louis F. Frank, of Milwaukee, Wis. The author speaks of many remedies but gives no preference to any. This probably is no oversight, for I find such is the general tone of authors on the subject.

A few years ago my son put a Chinaman to clearing a piece

of ground which was infested with a thick growth of poison oak, *Rhus diversiloba*, which had to be handled and burned. After one day's work the Chinaman reported sick, with hands and face swollen and painful. Remedies from the nearest doctor were obtained and applied. A carpenter who was working about the place was afflicted also. His eyes were closed and very painful. The medicine at hand was used on both patients for several days with no relief. My son then sent to me, a hundred miles distant, for treatment. I ordered muriate of ammonium, one ounce, to be dissolved in two quarts of warm water. This solution was to be applied with cloth or absorbent cotton, covered with oil silk or rubber tissue. Relief followed quickly and in two days the sufferers were well or able to work.

Ten days later my son, after working a day with the shrub, found at night that his hands were swelling and inflamed. He applied the remedy at once, and by the next morning there was positive arrest of the malady. By frequent washing with the solution he and the others were not troubled thereafter.

Dermatitis venenata is usually self-limited, although the limit may be twenty-four hours or as many days; hence the long list of uncertain remedies. Any medicine which will relieve pain and arrest morbid progress promptly is a remedy much needed.

The above cases and a history of many others might be cited to show that this drug, hydrochlorate of ammonium, is a pleasant and efficient curative and prophylactic. — *Dr. A. T. Hudson, in Medical Record.*

THE MENOPAUSE. — A vaginal examination should be advised in all cases as often as every three months, to be sure that no disease of the pelvic organs exists. The return of the menses after a period of several years is to be taken as a warning of some serious condition existing, and great care should be used in examining to find the cause. The treatment of patients at time of menopause depends upon the conditions and characteristics of individual cases, climate,

marital and home life, and constitutional dyscrasias and idiosyncrasies. The following are a few hints applicable to all : —

As little waste of nervous energy as possible.

As few cares and responsibilities as possible.

A cheerful home and companionship.

Moderate and daily exercise, but not to exhaustion.

Frequent bathing to free the pores of poisonous accumulations.

All excretions should be free and regular.

Massage where vitality is low and no exhausting hemorrhages have occurred.

Change of climate or scene where there are unhappy home surroundings.

Medicines should be selected for each case, as different symptoms appear. — *Dr. A. B. Dake, in Homœopathic Journal of Obstetrics.*

THE BACTERIOLOGY OF CIRRHOSIS OF THE LIVER. — Prof. J. G. Adami states that experiments on animals show that alcohol at most produces the fatty liver with a slight amount of fibroid change in the portal areas, and nothing at all resembling the deposit met in hobnailed liver. Moreover, extreme cirrhosis may attack children and adults who have never taken a particle of alcohol. As the result of numerous bacteriological researches he concludes, (1) That in at least a very large number of well-marked cases of progressive cirrhosis in man a bacterium is to be found in the liver cells. (2) That in the infective cirrhosis of cattle a similar organism occurs. (3) That the organism may occur in other organs. If these observations are confirmed, cirrhosis of the liver assumes an entirely new aspect. A number of phenomena are satisfactorily explained, such as enlargement of the spleen before there are any signs of portal obstruction, and the frequency of right-sided pleurisy. The presence of jaundice in some cases and ascites in others perhaps depends upon whether the organism more especially affects the liver cells and bile ducts, or sets up a low inflammation of the peritoneum. — *Lancet.*

WHAT THE STUDENT SHOULD BE TAUGHT. — He should be taught, from the inception of his medical course to its very end, that there is a totality of the organism as well as a totality of symptoms; that there is no organ of the body independent of its fellow or fellows; that all are connected anatomically and physiologically, and that disease or lesion of any one may, and frequently does, disturb other and distant organs. Besides, he should become thoroughly imbued with the idea that the mission of the physician is, first, to prevent disease; and, second, to cure disease which he cannot prevent in the easiest and safest possible manner, by internal medication if possible, by other methods if necessary. He should be given an abiding faith in therapeutics; but he should likewise be taught the limitations of the internal remedy, so that each case which presents itself for treatment will be studied from a diagnostic and pathologic as well as a therapeutic standpoint. If he be thus equipped, there is little danger of his becoming either an extremist in therapeutics or a pure localist. He will be a true physician in the highest sense of the term — a safe man to intrust with the lives of his fellow men. — *Dr. J. C. Wood, in The Hahnemannian Monthly.*

SALINE INJECTIONS AFTER FLOODING. — Amillet (*L'Obstetrique*) insists that after grave hemorrhage in pregnancy or labor a saline intravenous injection is the best method for encountering acute anemia. A one per cent solution of chloride of sodium is the only available mixture which has no evil influence on the corpuscles. At least 1,500 to 2,000 grams must be injected. In less serious cases two hundred grams can be injected under the skin; more than one dose may be required. Amillet recommends an intravenous saline injection or a subcutaneous injection before any obstetrical operation is performed on a woman exhausted by loss of blood. When the patient has clearly been revived by these means, she must, in any case, be closely watched, as sometimes the good effects do not last. The injections must be repeated, if necessary, till all danger has passed away. — *British Medical Journal.*

A VEGETARIAN HOSPITAL. — The treatment of the sick in the Oriotel Hospital at Loughton, in Essex, England, is carried out according to the strictest laws of vegetarianism. There is room for twenty patients. The really poor are received free of cost; others pay from half a sovereign to three guineas a week for their treatment. Since the opening of the hospital it has been constantly full, and has never run into debt. Eggs, milk, and butter are allowed, but the ordinary dietary consists of porridge, bread and butter, some form of stewed fruit, and cocoa for breakfast, a savory, as macaroni, cheese, fresh vegetables, and pudding for dinner, and fresh fruit, bread and butter for supper. Twice a week tea is allowed, oaten water and cocoa being on other days served in the afternoon. It is said that upward of five hundred patients have passed through the wards. — *The American Practitioner and News*.

COLD AIR AS AN APPETIZER. — Cold air, it would seem, possesses great possibilities as a medicine. A Russian physician has had some very satisfactory experiences with it. He placed a dog in a room with the temperature lowered, states the *London Engineering*, to 100 degrees below zero. After ten hours the dog was taken out alive, and with an enormous appetite. The physician tried the test himself. After ten hours' confinement in an atmosphere of still, dry cold, his system was intensely stimulated. So much combustion had been required to keep warm that an intense appetite was created. The process was continued on the man and the dog, and both grew speedily fat and vigorous. It was like a visit to a bracing northern climate. — *The Dietetic and Hygienic Monthly*.

STERILITY. — D. Vedder, of Christiana, Sweden, reports the results of examination of 310 married women who had never been pregnant, though married at least one year. In fifty of these cases he was able to examine the husband also. He draws the conclusion that in seventy per cent of these cases the husband is to blame for the sterility, either through impotence or through infecting his wife with gonorrhœa. — *Norsk Magazin, fer Lagevid*.

REVIEWS AND NOTICES OF BOOKS.

DISEASES OF THE STOMACH. By William W. Van Valzah, A.M.A., M.D., and J. Douglas Nisbet, M.D. Illustrated. Philadelphia: W. B. Saunders. 1898. pp. 675. Price, cloth, \$3.50 net.

The subject matter of this exhaustive treatise on the diseases of the stomach is presented in six sections: namely, I. Introduction and Classification; II. Diagnosis and Diagnostic Methods; III. General Medication; IV. The Dynamic Affections of the Stomach; V. The Anatomical Diseases of the Stomach; VI. The Vicious Circles of the Stomach. Each section is subdivided into chapters, treating the various conditions and diseases included in that section. The whole work comprises twenty-five chapters and is contained within six hundred and seventy-five pages.

The physical signs of diseases of the stomach and the instruction for the use and introduction of the stomach tube are full and explicit.

The chapters on diet and the diet suitable to the various diseased conditions of the stomach, together with the admirable tables giving the amounts of albumins, carbohydrates, and fats in the various articles of food, are especially to be commended.

The object of the authors is stated to be "to make this book simple, clear, practical, and complete in useful information." It certainly is clear and complete but hardly simple, except to one who has given much thought and study to the subject. To the specialist it is eminently practical; to the general practitioner there is much in the work which is too technical and strictly scientific, requiring more knowledge and experience in practical organic chemistry than falls to the lot of most physicians. An admirable index, however, enables such a one to select what is available for his own needs. The make-up of the book is, as usual from the hands of this firm, excellent.

A TEXT-BOOK UPON THE PATHOGENIC BACTERIA FOR STUDENTS OF MEDICINE AND PHYSICIANS. By Joseph McFarland, M.D. With 134 illustrations. Second edition, revised and enlarged. Philadelphia: W. B. Saunders. 1898. pp. 497. Price \$2.50 net.

The second edition of this work brings it thoroughly up to date. The book is in two parts. Part I, General Considerations, gives an

interesting introduction to the study, and a short but comprehensive history of bacteriology. In this part is also given the methods and apparatus used in this line of work, the best media for growing bacteria, and practical instructions based upon a wide experience which cannot fail to be of value. In most works of this kind there are usually so many methods given, many of which are of questionable value, that quite frequently the student is confused, and one cannot fail to be impressed with the lack of superfluous matter in this book, which as a manual for the student or physician will be quite an accessory to his armamentarium.

Part II, Specific Diseases and their Bacteria, is subdivided into A, The Phlogistic Diseases, acute-inflammatory and chronic-inflammatory diseases; B, The Toxic Diseases; C, The Septic Diseases; and D, Miscellaneous.

Under A, the article on tuberculosis is deserving of the most careful perusal. In view of the ravages of this disease one cannot know too much of it, and the author has collected and presented the best views on the subject as well as the best methods for its observation and experimental study. Under B, the whole topic is well written, diphtheria deserving special mention. Under C, the articles on yellow fever and typhoid fever are worthy of note, especially in consideration of the part those two diseases alone have already played in the army and from climatic and unhygienic conditions are apt to, the importance of a thorough knowledge of their etiology, morphology, cultural peculiarities of their specific micro-organisms and their prevention is very evident.

Of the application of the science of bacteriology and its beneficial effect upon everyday life, and especially upon cattle and other live stock, the author does not fail to call attention to in a very effectual manner.

The book, on the whole, is well written and a valuable contribution to the methods of observation on those small and low forms of life which very materially and quite too frequently affect in a deleterious manner many individuals of the highest forms of life.

OPHTHALMIC DISEASES AND THERAPEUTICS. By A. B. Norton, M.D., Professor of Ophthalmology in the College of the New York Ophthalmic Hospital, etc. Second edition, revised and enlarged. Philadelphia: Boericke & Tafel. 1898. pp. 647. Price \$5.

The classic of Dr. George S. Norton, "Ophthalmic Therapeutics,"

formed the basis of the first edition, which was the result of the joint labors of Drs. G. S. and A. B. Norton, the death of the former leaving the completion of the work to the latter. The popularity and extended adoption of the first edition by the leading homœopathic medical schools insure a ready sale for the new work, with its many improvements and valuable additions. Methods of examination, direct and indirect ophthalmoscopy, and sciāscopy are well illustrated by some excellent photographs. The essentials of refraction are well stated by Dr. Charles H. Helfrich.

Worthy of especial notice is a chapter by Dr. E. H. Linnell, giving a tabulated list of ninety-three general diseases with their characteristic eye symptoms; this ready reference will undoubtedly be often consulted. Three hundred and eighty pages are devoted to diseases of the eyes, giving "concisely all the essential features," commencing each chapter with "sufficient anatomy to enable one to understand the pathological processes."

Local treatment is first stated, the indicated operation described, with illustration where necessary, and finally remedies with their indications given in the *order of their importance*, instead of the alphabetical arrangement of the earlier edition. Differential diagnoses arranged in parallel columns is another important innovation.

Part II, "Ophthalmic Therapeutics," occupies 140 pages.

Drugs are arranged in alphabetical order, and symptoms are given under the rubrics, objective, subjective, vision, and clinical.

Beside the usual chromolithographs of the fundus, there are six very good reproductions of external appearance of chalazion iritis, follicular conjunctivitis, trachoma with pannus, hypopyon keratitis, and keratitis parenchymatosa. The style of the author is so clear and the matter so readable that the work will be especially valuable to the student and general practitioner.

D. W. W.

KING'S AMERICAN DISPENSATORY. By Harvey Wickes Felter, M.D., and John Uri Lloyd, Phr.M., Ph.D. Entirely rewritten and enlarged. Eighteenth edition. Third revision. In two volumes. Vol. I. Cincinnati: The Ohio Valley Company. 1898. pp. 904. Price, cloth, \$4.50, sheep \$5.00, per volume, postpaid.

It seems to us a misfortune that so excellent a work as the above in its present revised, rewritten, and enlarged form should not have been printed on at least a fair quality of paper. Cheap, thin, glazed paper is an abomination, and good type loses its distinctive characteristics when associated with it. The text of this dispensatory,

however, though prepared especially for eclectics, will give great satisfaction to students of all schools. To be sure we have as yet only the first volume of the new edition, but this shows uniform merit and the painstaking care which has been lavished to insure accurate and unbiased statements.

More than this, the pharmaceutical and chemical sections have been practically rewritten largely through the efforts of Professor Lloyd, who is particularly well fitted to bring such labors to a successful conclusion.

Dr. Felter has rearranged, revised, and added to the material included under botanical sources, history, description, etc., and additionally has compiled and edited the entire medical section. In this latter portion he has judiciously retained such teachings as the eclectics have proved to be valuable, at the same time modernizing the therapy of the whole, emphasizing the specific indications and uses of each remedy, deprecating excessive doses, and adding such new remedies as seemed worthily to demand recognition. Proprietary compounds and patented chemicals are to a certain extent included, but are not unreservedly indorsed.

Remedies are arranged alphabetically and the first volume completes those appearing under F. We may reasonably expect that the second volume will evidence as much care and intelligent preparation as the first. Together they will find a place on professional bookshelves beside the Pharmacopeia of the American Institute of Homœopathy, the Pharmacopeia of the United States, and the United States Dispensatory.

DISEASES OF WOMEN. *A Manual of Gynecology.* Designed especially for the use of Students and General Practitioners. By F. H. Davenport, A.B., M.D., Assistant Professor in Gynecology, Harvard Medical School, etc. Third edition, revised and enlarged, with 156 illustrations. Philadelphia and New York: Lea Bros. & Co. 1898. pp. 387. Price, cloth, \$1.75 net.

No better evidence of the value of this attractive manual can be asked for than that another edition has been demanded by the profession. The book has been thoroughly revised and enlarged, and will be welcomed by the student and general practitioner alike, as now furnishing the surgical as well as the non-surgical methods of treatment. The present volume contains 388 pages, and the series of illustrations has been correspondingly increased.

The methods of examination and the various manipulations neces-

sary in the diagnosis and treatment are marked by their common sense and absence of useless detail. The chapter on dislocations and lacerations of the vagina is well illustrated and is to be especially commended. The section treating of uterine displacements and the adjustment of supports contains much definite information which one looks for in vain in many of the larger text-books. Disorders of menstruation, diseases of the ovaries and tubes, pelvic peritonitis and cellulitis are well dwelt upon. A chapter on diseases of the urinary organs concludes the manual.

The book has been written in a pleasing style and with sufficient detail to render it invaluable to the general practitioner. Every student would do well to possess it as a preface to his course of study.

A. C. H.

A COUNTRY DOCTOR. By T. H. Shastid, M.D. Battle Creek, Mich.: Published by the Author.

There can be no greater inspiration to the doing of worthy work than the record of such work, sympathetically presented and thoughtfully read. Since McLaren's now immortal record of the life work of Weelum McClure, no more moving and inspiring presentation of a physician worthy that great name has been given for the example and comfort of the would-be physician than this very simple and touching picture of the life and character of a country doctor by that country doctor's son. It is true that as few men are heroes to their children as to their *valets de chambre*. No more eloquent testimony to the character of the man here presented to our affection could be offered than that he stands to his son, himself a physician, as "THE" physician; so far the model of his profession that the author closes with the quaintly and sweetly filial saying that he cannot doubt there are many men in the profession "almost" as good as his father! It is a very simple life that is here pictured: a life of soldierly devotion to duty; of selfhood conquered for the love of something nobler than self; of danger greater than has won many an "honorable mention" for gallantry faced day by day, and as a matter of course, in the doing of daily duty through storm and shine, through failure and ingratitude; and for simple duty's sake, where no gain was. It is a record of the sympathy "which," in the noble phrase of the great Dr. Brown, "has outgrown emotion and passed upward to action"; in a word, it is the record of the life and character of a true physician, and as such, an inspiration to all who would become true physicians and

do all that one life may do to raise their noble profession above the mean levels of a trade for personal gains. As has been said, the little record breathes sympathy and simple truth in every line. The author has done more than give us a picture of his father: he has given us the picture of a man whom every honest physician has, in the old word of sweet privilege, the right to claim as a "father in God."

J. P. S.

AN AMERICAN TEXT-BOOK OF THE DISEASES OF CHILDREN. Including Special Chapters on Essential Surgical Subjects, Orthopædics, Diseases of the Eye, Ear, Nose, and Throat, Diseases of the Skin, and on the Diet, Hygiene, and General Management of Children. By American Teachers. Edited by Louis Starr, M.D. Assisted by Thompson S. Westcott, M.D. Second edition, revised. Philadelphia: W. B. Saunders, 925 Walnut Street. 1898. Price, cloth, \$7.00; sheep or half morocco, \$8.00. For sale by subscription only.

The clear, concise manner in which this book is written, emphasizing points that are often overlooked by the general practitioner and giving him a fair knowledge of the more obscure diseases often treated by the specialist, particularly commends this work.

The editor's object, as stated in the Preface, "has not been to add unnecessarily to the number of encyclopædias already existing, but to present to the profession a working text-book which shall be closely limited to, while completely covering, the field of pediatrics." That Dr. Starr's efforts have been successful is very apparent, the book containing much valuable and important matter deservedly demanding the attention of every practitioner. The present is an enlarged and revised edition of that issued in 1894, is divided into fourteen parts, and numbers 1244 pages.

The work as it now stands is fully abreast of the times, for many of the original contributions have been amended, others have been entirely rewritten, while still others, such as "Modified Milk and Percentage Milk Mixtures," "Lithemia," and a section on "Orthopædics," are wholly new.

Chapters which are worthy of especial note are those upon "Diseases of the Skin," "Eye, Ear, Nose, and Throat," "Orthopædics," and those which deal with "Diet," "Hygiene," and the "General Management of Children."

The illustrations are numerous and good, those in colors successfully demonstrating how closely art can imitate nature.

C. C. B.

THE CARE OF THE BABY. A Manual for Mothers and Nurses containing Practical Directions for the Management of Infancy and Childhood in Health and in Disease. By J. P. Crozer Griffith, M.D. Second edition, revised. Philadelphia: W. B. Saunders. 1898. pp. 404. Price, \$1.50.

While this little book is designed especially for mothers and nurses, it contains much valuable advice which the busy practitioner can well ponder upon. The first chapter discusses the hygiene of pregnancy, the method of calculating the date of confinement, and similar data. The characteristics of a healthy baby are considered in the second chapter, and the growth of its mind and body in the succeeding one. The chapters which follow relate to the methods of bathing, dressing, and feeding children of different ages, to the hours for sleeping, to physical and mental exercise and training, and to the proper qualities of the children's various nurses and rooms. The chapter upon the baby's diseases has been written particularly for those mothers who, through various circumstances, are unable to have a physician constantly within a moment's call. It contains a description of the symptoms by which we may know that disease is present; a consideration of the nursing of sick children; a concise *résumé* of the commonest diseases of infancy and childhood; and directions for the management of various accidents, including among others drowning and the swallowing of poisons. This work is to be highly commended and should be in every home where there are children.

C. C. B.

KEY NOTES AND CHARACTERISTICS WITH COMPARISONS OF SOME OF THE LEADING REMEDIES OF THE MATERIA MEDICA. By H. C. Allen, M.D. Philadelphia and Chicago: Boericke & Tafel. 1898. pp. 179. Price \$1.25 net.

The compiler of these key notes has sifted out good wheat from much chaff, and we think this monograph as a whole will serve as an excellent little helper in the oftentimes puzzling work of selecting the true similimum. A few more remedies could have been added to advantage, but nothing given could well have been omitted.

The most prominent characteristics of the remedies included are strongly emphasized, and the individuality of each clearly defined. Comparisons are made which simplify selection and fix in one's mind more permanently important and guiding symptoms.

The voluminous symptomatology of our materia medica must still

be studied long and faithfully ; but there is no good reason, nevertheless, why one should not take advantage of such practical assistance as Dr. Allen offers in his comprehensive little work.

A PRIMER OF PSYCHOLOGY AND MENTAL DISEASE FOR USE IN TRAINING-SCHOOLS FOR ATTENDANTS AND NURSES AND IN MEDICAL CLASSES. By C. B. Burr, M.D. Second edition, thoroughly revised. Philadelphia : The F. A. Davis Co. 1898. pp. ix, 116. Price, \$1.00 net.

This little work was written for the instruction of nurses in hospitals for the insane. The first edition has been adopted as one of the text-books in several of the training schools. It having now reached a second edition shows that it has proved useful. For elementary instruction it will be found well adapted to medical students, and even the established practitioner will find many points in mental diseases made clearer by its perusal. It is not always that so much information is obtained at so small an expense. C.

CYCLIC LAW. By Thomas E. Reed, M.D. Middletown, Ohio. 1898. pp. 167. Price, \$1.00.

To show that soli-lunar and planetary influences dominate the sex and exercise a controlling power over man's life in health and disease, and from the cradle to the grave, is the author's object.

His desire is, additionally, to show how a recognition of the influence of natural law in the physical world may be of practical value to the physician, aiding him in mitigating suffering and in prolonging and saving human life.

How well the author accomplishes his aim is best left to the individual reader to decide. Those who are of a speculative and theosophical turn of mind may be interested to follow out his arguments and consider the principles he presents.

REPRINTS AND MONOGRAPHS RECEIVED.

The Advantage of Physical Education as a Prevention of Disease. By Charles Denison, A.M., M.D. Reprinted from Bulletin of the American Academy of Medicine, Vol. III, No. 9.

The Aseptic Animal Suture : Its Place in Surgery. By Henry O. Marcy, A.M., M.D., LL.D. Reprinted from The Journal of the American Medical Association.

The Dangers of Specialism in Medicine. By L. Duncan Bulkley,

A.M., M.D. Reprinted from *Bulletin of the American Academy of Medicine*, Vol. III, No. 7.

Manifestations of Syphilis in the Mouth. By L. Duncan Bulkley, A.M., M.D. Reprinted from the *Dental Cosmos*.

The Surgical Treatment of Uterine Myomata. By Henry O. Marcy, A.M., M.D., LL.D. Reprinted from the *Journal of the American Medical Association*.

The Abuse and Dangers of Cocain. By W. Scheppegrell, A.M., M.D. Reprinted from the *Medical News*.

Modern Treatment of Tuberculosis. By Charles Denison, A.M., M.D. Reprinted from the *Journal of the American Medical Association*.

Further Observations Regarding the Use of the Bone-Clamp in Ununited Fractures, etc. By Clayton Parkhill, M.D.

Transillumination of the Stomach with Demonstration on the Person. By Charles D. Aaron, M.D. Reprinted from *The Medical Age*.

Chronic Catarrh of the Stomach. By Charles D. Aaron, M.D. Reprinted from the *Pharmacologist*.

Gastroptosis. By Charles D. Aaron, M.D. Reprinted from the *Journal of the American Medical Association*.

Intestinal Auto-Intoxication. By Charles D. Aaron, M.D.

PERSONAL AND NEWS ITEMS.

DR. FREDERICK B. PERCY, of Brookline, is now a member of the faculty of Boston University School of Medicine, filling the vacancy made by the recent death of Dr. J. Heber Smith.

DR. MAUDE E. STOWELL has removed from South Dennis and opened an office at 283 Ashmont Street, Ashmont.

DR. FRANCIS X. CORR, who has been practising in Boston, is now located in Attleboro.

DR. FRANK E. ALLARD, Secretary of the Boston Homœopathic Medical Society, has recently been elected Medical Director of the Boston Mutual Life Insurance Company of Boston.

OBITUARY.

DR. ORREN S. SANDERS died at his home, 511 Columbus Avenue, Boston, Mass., November 20, 1898, of senility. He had been in constant practice up to within eight weeks of his demise.

Dr. Sanders was born in Epsom, N. H., September 24, 1820. He studied medicine in the Castleton Medical College, Vermont, graduating in 1843. He also attended Dartmouth College, from which he received an honorary degree in 1886.

He established himself first in Effingham. A year and a half later, in the autumn of 1849, he came to Boston, where he had since remained.

He was associated for a year and a half with Dr. Samuel Gregg, from whom he took his first lessons in homœopathy, and then went into private practice at 11 Bowdoin Street. Here he lived for twenty-one years, when he moved into his late residence on Columbus Avenue.

Dr. Sanders was one of the three seniors belonging to the homœopathic medical profession in Boston, and the community, as well as his school, recognized him as one of its most successful members. He was a member of the Massachusetts Homœopathic Medical Society (of which he had been president), the American Institute of Homœopathy, the Hahnemann Club, and the Boston Physiological Society, and had contributed largely to the medical journals. For two years he was a member of the Boston school committee.

He was a large contributor to many charities. He conceived the plan for and subscribed \$5,000 toward founding the Little Wanderers' Home. He was a 32d degree Mason, A. A. S. R., and had passed all the honorary positions in that body. He had always been a constant church supporter, and had given largely to the Union Congregational Church, of which he was a member. He leaves a widow.

THE NEW ENGLAND MEDICAL GAZETTE

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COMMUNICATIONS.

EXPERT TESTIMONY.

BY ALICE PARKER LESSING.

[Read before the Boston Homœopathic Society.]

Your society has honored me by assigning to me a subject for discussion, the extent of which far exceeds the possibilities of a short discourse. At the outset I must announce that until yesterday morning I was not aware of the subject as had been printed in your notices and I had intended a more indefinite talk chosen for me, and I have been able to give to it but a cursory thought and concentrate upon it a few disconnected ideas.

As a lawyer I was naturally expected to direct myself to the legal field of medicine, but considering the immense acreage of this field you must not expect me to sow and bring home a full harvest.

Perhaps it is well to remind you of an early biblical law whereby the gleanings of the field were *not* to be taken home, but were to be left to the poor. So as one of the great army of the poor, I will pick up a few gleanings.

The "three learned professions," as they were called, have always appeared to the world as possessing all the brains and practical ability to take care of the world. In fact one of them, our sister Theology, has assumed to take care of the next world also. But primarily this trinity of professions controls the moral, the physical, and the social condition of humanity. Each in its sphere requires the assistance of the other.

Theology with medicine combined — *Mens sana in corpore sano* — is the old Latin maxim, which in its broader idea means to us that the good morals of the community are dependent on the physical and sanitary conditions of the individuals.

But both combined without the enforcing and subjecting arm of the law would be powerless; and the reverse of this principle holds good as well. The law may be ever so powerful and its enforcing power ever so strong, without the application of the progressive medical and moral sciences its power to operate upon the individual would be vastly diminished.

The law comes in daily contact with its two sisters; it should never come into conflict with them. Leaving out the theologians from these remarks as not being a party interested in this evening's proceedings, let us consider the contact and conflict of the law and its sister, Medicine. An accident has occurred on the streets; a person is injured.

The first application is to your profession, and medicine comes to the aid of the physical wrong which has been caused by the accident.

But beyond this a legal wrong has been committed which caused the injury. The law is invoked to redress this wrong and the remedy is provided by the body politic to cure the injury.

Now the two have combined to restore the individual injured to the financial and physical health which he enjoyed before, and if this is not attainable so far as the physical injury goes, the law remedy requires a greater financial restoration. This medicine is called damages.

Medicine cannot procure this latter remedy; the only apothecary who can fill the prescription is the law.

But medicine must help to determine, in the first place, the extent of the injury, the prospective cure, the prognosis, without the knowledge of which the law cannot apply its curative power.

Here appears one of the unfortunate conflicts which may

be observed any day by a visit to one of the courts where damage cases are being continually tried.

The physician who was called to cure the body is not allowed to be the sole arbiter as to the physical condition and prospects of his patients, and he is met with conflicting interests of the parties to the lawsuit.

So you apply to the legal case the opinions of the medical experts who are to determine the conflict, which they generally do by creating new conflicts. Expert testimony of medical men determining on the extent of injury *should* be without conflict.

The honest and unbiased opinion of a dozen medical experts should not be conflicting, but every attendant and observer on these cases knows that the contrary is the *invariable* rule.

Is this the result of a difference of opinion honestly arrived at by studying the subject, or is it not rather the result of employment of the medical expert by one of the two parties to the damage case?

This subject has occupied much attention of law and medical writers, of social reformers and students.

Each one has come to the same conclusion that the conflict of medical expert opinion is much to be regretted and that some remedy is required to cure the expert fever.

Of course it is easy to account for an honest difference of opinion on expert matters because different studies of the particular subject may reach different results. The same thing happens in the opinions of lawyers and judges, each one honestly believing himself right; and we all know how great the difference of opinion is among the theologians, where each one knows himself so positively right that he knows every one else to be positively wrong, often even to the extent of condemning him to everlasting punishment.

But because these same differences exist in the other professions is no reason why the legal field of medicine shall not be sown with a better seed and bring a better crop.

A number of attempts have been made by various legislatures and courts to remedy the evil; they all start from the

point that medical expert testimony has fallen into disrepute, and that this disrepute arises from the fact that the particular expert is employed on a particular side of the case to testify on behalf and for the benefit of that side, that the fee he receives is paid him for that purpose, and unless he can give an opinion on the side which calls him—which means the side which employs him—he will not be employed as an expert witness.

No doubt, then, that studies of the subject thus prepared and opinions given under such circumstances cannot be of great value in helping us to arrive at the truth.

So in a few instances law or rules of court have provided that no expert shall be called by either party, but that the judge shall appoint medical experts from among physicians of repute to study and give opinions on each case as it occurs, and this only under the direction of the court, neither of the parties having anything to do with paying the fee.

The objections made to this system are many.

It is claimed that it deprives the litigant of the right to call such witnesses as he pleases to prove his case.

But why should he have that right? He has not the right to call what judge he pleases to hear his case nor to call what jurors he pleases to try his case.

Again it is claimed that such a system creates a court of expert physicians who will be controlled by the rich corporations so largely interested in the cases.

This is indeed a serious objection when we consider the corruption in office.

But will it be more so than the possibility of corruption of judges? Certainly it would be an unmerited insult to the medical profession to say of them that they can be corrupted any more easily than lawyers. And we know that the most prejudiced, one-sided lawyer loses his one-sided prejudice when he is elevated to the bench. And the physician is at least as honest in public and private life as is the average good intelligent citizen in every sphere of life.

A court of medical judges appointed to examine cases and determine a fact submitted to them should be and would be

as high as a court of jurisprudents appointed to examine and determine the law in a given case.

The objection of expense in maintaining such a court so as to maintain the standard of probity should not count for anything in a country where resources prove inexhaustible. We have lately under an act of the legislature of 1898 established a court of land registration which shall determine and register the titles to land so as to make individuals more secure in their titles and land holdings.

No suggestion of expense for maintaining three judges and a clerk and the necessary machinery has been urged, and no one has thought that the corruptibility of office holders would affect this new branch of our judiciary.

A greater objection is that medicine is a speculative science, while law is an exact one. No doubt this is so; the opinions of medical men differ and are based largely on speculation. The accepted science of a century ago is not even the non-expert opinion on the same subject to-day. Progress has shown as unquestioned error what was accepted as a scientific fact.

But even this objection must not weigh.

If you should examine the opinions of the United States Supreme Court you would find but very few on which the full bench is unanimous, and this with the exact science of law. From the very nature of the cases which come before that tribunal a conflict of opinion is expected, *and human tribunal can only be expected to apply human finiteness to its judgments.* Whether in law or medicine, that judge who, with all the light which he can reach, will endeavor to do justice between man and man without fear or favor comes nearest to fulfilling the divine mission of a human judge.

No doubt such a medical judiciary would commit errors, but what human tribunal has not done so?

This is a legal field of medicine still unexplored, and the efforts in this direction made by a few States have only been partial. The furthest of these go to the point of appointing experts for each case and treating them as witnesses whose opinions are to be considered like other evidence in a

case, the only object being to do away with individual expert calling, while the fees must be paid by the parties who are, or one of whom generally is, made to pay. I have gone further in my idea by giving you the outline of a tribunal in character like the land registration court lately established, and to which I have already referred.

So to this tribunal would be submitted each case where medical expert testimony is required, and it would determine, not the amount of damage, but the condition, past, present, and future, of the party injured; or in cases involving insanity, the mental condition of a testator or of a person charged with crime, and perhaps in the latter case the prospects of recovery, etc.

I cannot go into details; I can only begin to agitate a reform in the legal field of medicine, so that others may discuss it and bring forth a system. The novelty of the idea should not deter us in a great State like ours, which is always in the vanguard of every great reform tending toward truth and justice.

And now once more in closing I beg to apologize for this treatment of the broad subject which you laid out for me, and to thank you for the opportunity I have had of leading you into a new *legal field of medicine*.

THE RELATION OF SYPHILIS TO NERVOUS DISEASES.

BY E. COLBY.

The more one studies either syphilology or nervous diseases, the more strongly does the impression become fixed that the infection exerts a marked influence upon the nervous system. It is second only to its effect upon the skin, and it is but natural that these results should be numerically related, both tissues being developed from the same embryonic layer, and such kinship is not without its physical relation. In the meantime we must bear in mind that it makes no trifling difference whether we pursue the study from the point of view of syphilitic nervous diseases or from that of

nervous diseases in syphilitic subjects, and there exists no small amount of confusion among authors upon this very interesting division. We all recognize the existence of such a condition as "nervous syphilis," with definite and unmistakable specific lesions, occurring at no very distant times from other syphilitic manifestations, that is, within a very few months or years. On the other hand, there are several degenerative nervous diseases in which a very large percentage of cases present a previous history of specific infection. If these diseases occurred only in patients with such history there would be some ground upon which to class them as syphilitic, but unfortunately for such theory these same affections occur in a very respectable percentage of patients who present no such history, and where in fact there is every reason to exclude the probability of infection. To establish a diagnosis of syphilis, patients should present some marked symptoms by which the nature can be differentiated, something by which we can identify a specific from a non-specific case. In these late manifestations such stigmata do not exist, and we can only argue from the history of the case.

One patient who has many years before had a primary specific lesion finally develops, for instance, ataxic paraplegia. Another person who has no suspicion of such affection is attacked by the same disease, and between the two there is nothing but the verbal history to show the slightest difference. In reality there may be a greater parallelism than in two syphilitic subjects. In several of the degenerative nervous disorders it is claimed — and probably truthfully — that there is a percentage all the way from 50 to 80 of specific antecedents. To be conclusive, there should be no break save that of incorrect or doubtful history; in other words, there should be 100 per cent.

The argument that if the whole family record could be known we should find inherited syphilis is not tenable in this country to any great extent, and it is remarkably singular that a robust child should grow up to robust manhood tainted with such dyscrasia and not show one specific indication until the third or fourth decade of life. Some other charac-

teristic symptom should crop out previous to the appearance of the nervous affection. It is a significant fact that most of our statistics upon this subject are from countries with large standing armies, composed mostly of single men, and constantly exposed to decidedly immoral influences, and syphilis is so common a holding that it would be difficult to select any chronic disease for study which would not furnish a large percentage of syphilis in its personal history. Another method of estimate has been suggested but never adopted. Not how many ataxics or paretics had had specific disease, but how large a proportion of syphilitics have these disorders. Such a census would make a very interesting study, and possibly it might be profitable.

True syphilis of the nervous system is not so very frequently encountered, and when it does occur it is a comparatively early feature. Most of the cases develop within two years of the last somatic lesion, and a large proportion within the first year. Its most common forms are meningitis, the characteristic disease of the cerebral and spinal arteries, and gumma. Of the vascular nervous supply the cerebral is most frequently attacked, and gummatous growths seem to prefer this area to all other central tissue. The symptoms are by no means uniform, but depend upon the locality involved; thus we get local paralysis, which may be multiple. If there be local palsies multiple in number, and not in correlated areas, occurring in a syphilitic subject, we may confidently expect that the lesion causing such palsies is specific in its nature.

Buzzard, who is a careful student with abundant opportunities for observation, calls attention to one feature which he seems to consider characteristic; it is the profound somnolence. But care should be exercised not to confound this with the somnolent form of hysteria, a rare condition occurring in markedly hysterical subjects, who are free from syphilitic taint. If there is gumma in the brain it is quite likely to cause optic neuritis. The endarteritis of syphilis cannot easily be differentiated from that of other causes, except that it occurs in younger subjects and is, like the

other specific lesions, amenable to the administration of iodide of potash or mercury, and often a case which does not yield to the potash will improve under the administration of mercurius.

Paretic dementia is without doubt an occasional occurrence, but lately attention has been directed by an author to two assumed facts: that syphilitic paresis occurs within two to five years after the initial lesion, while true paresis does not often occur before ten or more years. Also that in true paresis the psychic symptoms predominate over the somatic, while in cerebral syphilis the somatic symptoms precede and dominate the psychic failure. Attention has been called to the use of iodide of potash and mercury not alone for their curative power, but also as diagnostic agents.

Now it is a generally accepted opinion among neurologists that in post-syphilitic degenerative diseases these drugs do but little if any good. In true specific disease there is a cachexia for which the drugs have a selective affinity, while in the non-specific class the primary disease has acted as do many other factors, to disturb the equilibrium and render the patient subject to morbid action. There is nothing here upon which the drugs can act selectively.

Again, the true syphilitical lesion is to a certain extent exudative, while in the other and late malady the lesion is strictly degenerative. Many syphilologists and pathologists claim to have demonstrated that in true specific lesions of the nervous system there is an infiltration of small, round celled characters similar to that which is found in gumma; this even in endarteritis and specific meningitis. No such infiltration has been found in the late lesions like paresis and cord disease. The theory prevails to a great extent to-day that the original germ leaves a toxine which predisposes to degenerative action. This may be true, but it is singular that it should not in some way manifest its morbid influence until so many years have elapsed. The latency would be truly remarkable. Fournier has termed this condition parasymphilitic.

Symphilitic meningitis cannot be readily differentiated from

chronic meningitis of other origin. It is more likely to be more locally defined, and in a large number of cases it is only an extension of an underlying gumma. When it occurs over an extended area it is less likely than the non-specific variety to cause optic neuritis. Non-specific meningitis running a more or less chronic course and not the result of trauma or alcoholism is not common. Septic meningitis is almost invariably acute. In estimating the time following syphilis to establish the value of the terms, early and late, it must be borne in mind that we cannot always count from the initial lesion. A series of secondary lesions has a tendency to extend the time, and would make a late lesion — in point of time — early in reference to the specific history. Syphilographers tell us that such instances are not rare.

Authority is about equally divided on the question of whether thorough treatment in the early days of the disease has any effect in averting post-syphilitic degenerative disease, and both sides present a large array of illustrative cases. There now presents itself to us a momentous question: Can medication in accordance with our accepted method be of any benefit? While there is a very general opinion that the syphilitic virus is an entity which demands appreciable dosage and for a long time, yet there is a great probability that the post-syphilitic condition is one in which minute doses of remedies appropriate to the total symptoms may be of great benefit. This is on the same principle that we would use properly chosen remedies for their constitutional effect after an injury or any non-specific disease. As previously noted, syphilis is one of the disturbing causes, and being of considerable duration it most profoundly weakens the resisting power of the whole economy against morbid tendencies. We must constantly bear in mind that pathological processes are only physiological workings "gone wrong," and the causes which can initiate this error are innumerable.

There is good reason to believe that we are no more helpless in facing this enemy than many others which we are constantly combating. But there is a period beyond which our efforts will be futile. If we wait until nervous lesions of a degener-

ative nature are well established we have lost much valuable time, and it is doubtful if the lost ground can be regained. These diseases, being degenerative, are consequently progressive, and the primary lesions carry with them other secondary results. Central nervous tissue has but little recuperative function, and at best we can only hope to arrest, but not to repair. The disorder is to a greater extent in conducting tracts than in ganglionic tissue, which does not add hopefulness to the case. I do therefore most firmly believe that a course of carefully conducted constitutional treatment should follow the specific medication, as preventing non-specific, but consequent, disease. Occasionally, but not often, we read of one of these late cases being relieved by specific treatment. There is no rule by which the post-infectious state can be treated save the important one to study carefully the symptoms.

Another question is of importance to us: Does the continued heroic treatment to which the early disease is subjected have any influence upon the development of late disease? We all know that continued administration of mercurial compounds to the non-syphilitic affects the constitutional habit most profoundly, and that many of the symptoms thus produced are almost identical with those caused by the specific infection, and unless we can argue that the virus uses up the mercury, so to speak, the whole economy must be saturated by it and its effects. Nor is there any method of deciding without doubt whether a large portion of late lesions may not bear disagreeable relationship to the primary treatment. The very uncertainty as to the ultimate value of early and thorough treatment would be an argument in favor of the unreliability of such treatment. And yet how few of us would have the courage or temerity to withhold the use of such measures as are known to cause the disappearance of a majority of true secondary lesions? The extended use of mercury since the true nature of the disease was first recorded gives us but a small number of cases from which we can study the results of pure and unmodified disease.

We are actually placed "between the devil and the deep sea," and must make our selection as to which horn of the dilemma shall impale us. In one instance we must risk our good reputation and fly in the face of recognized authority; in the other we must bear the imputation of having added an unnecessary danger to the life and happiness of our patient. One thing is certain, we cannot carry our patient through the secondary stage of the disease in a way which will save us from criticism with simply imponderable agents. The secondary stage left to itself is not entirely free from danger.

ONE YEAR'S WORK IN ABDOMINAL SURGERY.

BY NATHANIEL W. EMERSON, M.D.

[Presented to the Massachusetts Homœopathic Medical Society, January 11, 1899.]

What follows is a review of abdominal work done between January 1, 1898, and December 31, 1898, and includes every case of operation which opened the abdominal cavity. As tabulated the cases are reported in the order in which they were operated. It is desired to call attention to two or three special points as illustrated by the year's work. More and more is the writer convinced that the best surgery upon the appendages removes only those parts which are actually diseased. In cases of pyo-salpingitis, if a portion of either ovary seems normal and the patient is a woman under thirty-two or thirty-three years of age, effort is made to conserve the healthy portion of that ovary. Again in degenerate condition of the ovaries, a resection rather than an extirpation of the ovary is undertaken if there is the least encouragement that any normal ovarian tissue is present. This statement is intended to be merely suggestive, however, as my experience is not sufficiently extended, either as to number of cases or lapse of time after operation, to draw exact definite conclusions. As I see it now, I believe these conservative cases have a less tumultuous convalescence by reason of the absence of a precipitated menopause. If only a portion of either of the ovaries is left behind, it seems to me that the

resulting nervous condition is very much more satisfactory than when both ovaries are extirpated. I would not have it understood by this that too great risks are taken in leaving behind pathological tissue; rather that a studied discrimination is made with the hope of avoiding an unnecessary sacrifice of normal tissue.

In the past, where ovariectomy has been performed for tubal or ovarian disease, it is recognized that the after condition has not always been entirely satisfactory by reason of the imperfectly supported uterus which is left behind. As is well known, this has led to the advocacy by some operators of making a total hysterectomy where it is necessary to perform a double tubo-ovariectomy. This has always seemed an unnecessary mutilation to some who sincerely believe that the old surgical rule of sacrificing no unnecessary tissue is as sound to-day as it ever was, and I myself believe the subsequent life of the woman is more satisfactory and natural if the uterus is left behind, providing it is not pathological and providing it can be properly supported. I wish, therefore, to bring up the subject of ventro-suspension and ventro-fixation, and suggest a possible extension of the utility of both these operations. First of all I wish to clearly differentiate the difference between the two terms as used here. By a ventro-fixation is meant an actual fixation of the uterus to the abdominal wall proper, or, to be even more particular, to the recti muscles. This very proposition carries with it certain limitations, and its field of usefulness is therefore restricted. From the many cases recorded in the last few years, it is, or should be, accepted that ventro-fixation during the child-bearing period should not be resorted to if there is the slightest probability of subsequent pregnancy. This, then, reverts the operation to conditions which are developed subsequent to the menopause, natural or artificial as the case may be. In my own personal experience, it is limited to cases of complete procidentia. You are all familiar with the various old-time plastic vaginal operations in these cases, and are also familiar with their very frequent failure. Vaginal hysterectomy followed by plastic vaginal work was an

improvement over the vaginal work alone, but it has not been by any means the success that was expected of it, and a large percentage of failures have resulted. After observing the very small uterus which is removed in many of these cases of prolapsus, one must question the part played by the uterus in establishing such a condition, especially so when within six months of its removal we have a complete prolapse of the vagina itself. I have, therefore, during the last year, approached this problem from above rather than from below, and have looked upon the atrophied and practically functionless uterus as a means of suspending all the relaxed tissues involved in a condition of complete procidentia. A small opening having been made above the pubes, the fundus of the uterus is brought up between the recti muscles and there firmly secured directly to the muscles themselves. The peritoneum is closed around the body of the uterus, and the whole wound is closed so as to obtain union by first intention. After complete closure, the parts are arranged as if the fundus of the uterus had been forcibly thrust up between the recti muscles perforating the peritoneum. This constitutes a true ventro-fixation. To one who has not seen the result of this manipulation, I am sure it will be a surprise. Instead of a wide and prolapsing vagina of very shallow depth, we find it narrowed and elongated and the lax prolapsing tissues seem to have largely disappeared. If now, following the abdominal operation and at the same sitting is undertaken whatever plastic work upon the vagina seems indicated, the mechanical results must be more satisfactory than by any other method heretofore advised for this annoying condition. What the ultimate result will be in any given case I cannot say, since sufficient time has not elapsed for me to have determined this question from my own operations. The immediate result has certainly been more satisfactory than that obtained by any other method I have heretofore employed, and no relapses have as yet reported. The only objection to this operation, which former experience has suggested, is that a loop of intestine may pass between the uterus and the bladder or abdominal wall and become stran-

gulated, and to obviate the possibility of this, a variation upon the present method in both ventro-fixation and ventro-suspension will be suggested and discussed later on.

Ventro-suspension is applicable to a very much more extensive class of cases and variety of conditions, many of which are post-operative. In cases of backward displacement, where Alexander's operation has failed or is not indicated, to my mind it offers the best solution to a very difficult problem. If properly done, it is safe in young women who afterwards become pregnant, and I myself have had one case where pregnancy following the operation caused absolutely no discomfort, and delivery was normal. The operation, moreover, permanently relieved the displacement. For displacement, the abdomen is opened in the middle line and the fundus brought up to the abdominal opening. Two silkworm stitches are then passed through the anterior portion of the fundus and upper part of the anterior wall of the uterus in such a way that they are firmly buried in the uterus for about three quarters of an inch, and are about three quarters of an inch apart. The sutures are next passed directly through the abdominal wall upon their respective sides and about one inch from each other, and then firmly tied on either side upon pads of gauze. The fundus of the uterus where it is in contact with the peritoneum is previously scarified, after which the peritoneum is entirely closed with a very fine catgut suture, so that it lies between the fundus and the muscles. The incision is then closed in the usual way. These silkworm sutures are removed in from twelve to eighteen days, by which time firm union between the peritoneal surfaces in apposition has taken place. The final result of this is that the uterus is suspended not immediately behind the abdominal wall, but at a varying distance from it by a cordlike elongation of the peritoneum, and this has relieved the displacement and all the accompanying ill conditions. A marked disadvantage in this condition, however, has been the fact that occasionally a loop of intestine has slipped between the uterus and the abdominal wall and become strangulated, of course causing a very seri-

ous state of affairs. To obviate the possibility of this accident, it occurred to me that a union between the peritoneum on the anterior surface of the uterus and the adjacent fundus of the bladder and anterior abdominal wall would obviate the possibility of the occurrence of this difficulty. This has been done in a number of cases with only beneficial results so far as observed. The peritoneum over the lower portion of the abdominal wall and the bladder is very lax and adaptive. After the uterus is suspended, with a fine catgut a line of suturing is applied beginning at the lowest point in the sulcus created in front of the uterus and carried directly up in the middle line, uniting the lax peritoneum over the bladder to the more fixed peritoneum on the anterior surface of the uterus, until the point of suspension at the fundus is reached. This causes absolutely no discomfort to the patient. The result is the formation of practically a third and anterior broad ligament which serves the function as well of a suspensory ligament. It maintains the uterus in support in an almost perfectly natural position, and the strain of suspension is extensively and equably distributed. It also prevents the possibility of strangulation of the bowels, and as actually practised no objection to the employment of this method has been developed. While it is here spoken of in connection with a retroverted uterus I fancy its most extended application will be found, provided it stands the test of experience, in cases of double salpingectomy or double tubo-ovariotomy where a practically normal uterus is left behind. I have used it in a number of these cases with most gratifying results so far, but again must call attention to the fact that sufficient time has not elapsed to draw definite conclusions as to permanent results. The application of this same modification to cases of ventro-fixation for pro-cidentia makes them absolutely safe from the possibility of future accident.

This report is made on 134 abdominal sections performed on 133 patients between January 1, 1898, and December 31, 1898, as follows:—

TABLE OF CASES.

No.	NAME.	AGE.	P. II.	DIAGNOSIS.	OPERATION.	DATE OF OPERATION.	CURED.	IMPROVED.	NOT IMPROVED.	DIED.	DRAINAGE.	REMARKS.
1	Mrs. J. F.	38	1	Cyst of left ovary	Ovariectomy	Jan. 4, 1898	1				Vaginal	
2	Mrs. C. I. B.	26	1	Cholelithiasis	Cholecystectomy	" 5	1				Yes	
3	Mrs. H. E. C.	29	1	Metritis, chronic	Vaginal hysterectomy	" 6	1				No	
4	Mr. W. W. B.	17	1	Appendicitis, intercurrent; hernia, indirect	Appendicectomy, herniotomy	" 6	1				No	A very large appendix had prolapsed into an inguinal hernia. Appendix removed through internal ring.
5	Mrs. F. A. D.	28	1	" acute	"	" 6	1				No	
6	Miss L. A.	38	1	Metritis, chronic; cysts of ovaries	Vaginal hysterectomy	" 7	1				No	
7	Mr. W. D. Q.	34	1	Appendicitis, acute	Appendicectomy	" 10	1				No	
8	Miss L. R.	43	1	Fibromata uteri	Vagino-abdominal hysterectomy	" 15	1				No	
9	Mr. I. M.	50	1	Appendicitis, acute	Appendicectomy	" 15	1				No	
10	Mr. J. T. T.	24	1	" intercurrent	"	" 16	1				No	
11	Mrs. C. R.	38	1	Metritis, chronic	Vaginal hysterectomy	" 17	1				No	
12	Miss K. L.	27	1	Appendicitis, intercurrent	Appendicectomy	" 18	1				No	
13	Mrs. L. C. B.	54	1	Ovarian cyst (tubo-sarcoma)	Ovariectomy	" 19	1				No	
14	Mr. J. C.	24	1	"	"	" 19	1				No	
15	Mr. J. T. S.	29	1	Appendicitis, acute	Appendicectomy	" 19	1				No	
16	Mr. W. D. M.	60	1	" suppurative	Abdominal section, drainage	" 20	1				Yes	In this case the appendix was not removed, as it did not seem best to break up adhesions to enucleate it. The wound healed and he was discharged apparently all right. A subsequent attack occurred, however, requiring a second operation.
17	Mrs. A. A. H.	54	1	" retro-flexion uteri w. adhesions	Appendicectomy; adhesions broken up	" 21	1				No	
18	Miss G.	22	1	Purulent peritonitis	Abdominal section, drainage	" 21	1				Yes	This patient was moribund when first seen, being full of pus, from causes which I was unable to accurately determine. An incision through abdominal wall showed hopelessness of case, and she died a few hours later.
19	Mrs. M. W.	39	1	Hernia, ventral	Herniotomy	" 22	1				No	
20	D. McC.	13 mos.	1	Appendicitis, sub-acute; indirect inguinal hernia	Appendicectomy, herniotomy (Bassini)	" 22	1				No	An enormous appendix had prolapsed into a hernia and had become incarcerated and hence inflamed.
21	Mrs. K. McC.	37	1	Fibroma uteri	Vagino-abdominal hysterectomy	" 28	1				No	
22	Miss J. M. C.	27	1	Appendicitis, acute	Appendicectomy	" 28	1				No	
23	Mrs. D. A. W.	26	1	Cystic ovaries	Tubo-ovariotomy, double; ventral suspension	Feb. 2	1				No	
24	Mrs. H. E. F.	30	1	Tubal pregnancy, l. rupt.	Tubo-ovariectomy	" 2	1				No	
25	Mr. G. Q.	40	1	Appendicitis, intercurrent	Appendicectomy	" 3	1				No	
26	Mrs. M. R. B.	51	1	Procidentia uteri	Vaginal hysterectomy	" 5	1				No	
27	Mrs. M. J. N.	39	1	Chronic metritis; cystic ovaries	"	" 5	1				No	
28	Mrs. C. L. G.	30	1	Salpingitis, cystic ovaries; appendicitis, sub-acute	Tubo-ovariotomy, double; appendicectomy	" 9	1				No	
29	Miss M. M. A.	18	1	Ovarian cystomata	"	" 9	1				No	
30	Mr. H. F. A.	36	1	Hernia, congenital, ind. ing.	Herniotomy (Bassini)	" 9	1				No	
31	Miss C. J. S.	32	1	Appendicitis, intercurrent	Appendicectomy	" 12	1				No	
32	Mrs. N. K.	25	1	Fecal fistula	Abdominal section	" 12	1				Yes	
33	Mrs. E. W. S.	49	1	Fibroma uteri	Vaginal hysterectomy	" 14	1				No	
34	Miss E. B.	30	1	"	Abdominal	" 16	1				No	
35	Mrs. I. T.	42	1	Fibromata uteri; appendicitis, acute	"	" 16	1				No	
36	Mrs. L. B.	25	1	Metritis; pyo-salpingitis; pyo-oophoritis	Vaginal	" 16	1				No	
37	Mr. F. H.	40	1	Appendicitis, suppurative	Appendicectomy	" 16	1				Yes	
38	Mr. E. B. R.	45	1	"	"	" 16	1				Yes	
39	Mrs. A. D.	51	1	Fibroma uteri; cyst of l. ov.	Vaginal hysterectomy	" 19	1				No	
40	Mrs. M. R.	48	1	Ovarian cystoma, dermoid	Ovariectomy	" 19	1				Yes	Cyst had partially emptied itself through the intestine. A large irregular slough of intestine required practically a resection. A very extraordinary case.
41	Mr. W. A. H.	32	1	Rupture of vein, portal system	Abdominal section	" 21	1				No	
42	Mrs. R. C.	55	1	Carcinoma uteri	Vaginal hysterectomy	" 26	1				No	
43	Mr. G. F. M.	14	1	Appendicitis, intercurrent	Appendicectomy	" 26	1				No	
44	Mrs. E. B. G.	32	1	Hernia, indirect inguinal	Herniotomy	March 2	1				No	
45	Miss G. McW.	19	1	Par-ovarian cyst, rt.	Tubo-ovariotomy	" 2	1				No	
46	Mrs. H. G.	30	1	Appendicitis, acute	Appendicectomy	" 2	1				No	
47	Mrs. C. E. L.	54	1	" intercurrent	"	" 3	1				No	
48	Master K. P.	2	1	Hernia, congenital, ind. ing.	Herniotomy (Bassini)	" 5	1				No	
49	Mr. H. C.	28	1	" indirect inguinal	"	" 5	1				No	
50	Mrs. H. S.	34	1	Ovarian cysts, right; ovarian cyst, l. ruptured	Vagino-abdominal hysterectomy	" 5	1				No	
51	Mr. A. Z. B.	43	1	Fibroma uteri	Abdominal hysterectomy	" 9	1				No	
52	Miss K. McD.	28	1	Ovarian cystomata	Tubo-ovariotomy, double; ventral suspension	" 9	1				No	
53	Mrs. E. M. W.	30	1	Metritis, chronic; salpingitis	Vaginal hysterectomy	" 9	1				No	Died from hemorrhage. The abdomen was opened twice after the original operation, but attempts to control the loss of blood were unavailing. A case of hemiplegia.
54	Mrs. J. F. B.	40	1	Fibroma uteri	Abdominal	" 10	1				No	
55	Miss M. C.	25	1	Abscess, intra-abdominal	Abdominal section	" 11	1				Yes	
56	Master H. H. K.	9	1	Appendicitis, acute	Appendicectomy	" 12	1				No	
57	Mrs. S. A. J.	64	1	Pyo-salpingitis; ovarian cystomata	Tubo-ovariotomy, double; ventral suspension	" 12	1				No	
58	Mrs. S. S.	50	1	Dilatation of stomach	Exploratory incision	" 14	1				No	
59	Miss F. K.	13	1	Sarcoma of mesenteric glands	"	" 16	1				No	
60	Miss M. H.	2	1	Tubercular peritonitis	Abdominal section; drainage	" 16	1				Yes	
61	Miss L. B.	24	1	Appendicitis, acute	Appendicectomy	" 16	1				No	
62	Mrs. J. H.	35	1	" intercurrent	"	" 16	1				No	
63	Master H. McC.	12	1	" suppurative	"	" 17	1				Yes	
64	Miss C. E. B.	25	1	Hernia, ind. ing., double	Herniotomy, double (Bassini)	" 19	1				No	
65	Mr. E. J.	20	1	"	" (Bassini)	" 19	1				No	
66	Miss L. D.	21	1	Appendicitis, intercurrent	Appendicectomy	" 19	1				No	
67	Mrs. L. M.	52	1	" acute	"	" 21	1				No	
68	Dr. H. W. M.	28	1	" intercurrent	"	" 22	1				No	
69	Miss M. L. P.	24	1	Salpingitis, rt.; ovarian cystomata	Tubo-ovariotomy, rt.; resection of ovary, left	" 23	1				No	
70	Miss N. K.	28	1	Ovarian cystoma, l.; retro-flexion uteri	Resection of ovary; ventral suspension	" 23	1				No	
71	Mr. J. F.	44	1	Appendicitis, intercurrent	Appendicectomy	" 23	1				No	
72	Mrs. S. R.	29	1	" suppurative	"	" 23	1				Yes	
73	Mrs. E. L. M.	40	1	Salpingitis, rt.; appendicitis	Tubo-ovariotomy; appendicectomy	" 24	1				No	
74	Mrs. A. T.	43	1	Chronic metritis; ovarian cystomata	Vaginal hysterectomy	" 26	1				No	
75	Mrs. L.	27	1	Hydro-salpingitis, l.; appendicitis	Tubo-ovariotomy, l.; appendicectomy	" 26	1				No	
76	Miss K. B.	12	1	Appendicitis, acute	Appendicectomy; closure of bowel	" 27	1				No	
77	Mrs. L. W. M.	23	1	Ovarian cystomata	Tubo-ovariotomy, l.; resection of ovary, right	" 28	1				No	
78	Mrs. M. G.	30	1	Procidentia uteri; ovarian cystomata	"	" 28	1				No	
79	Mrs. E. H. S.	37	1	Thickening of bases of broad ligaments	Vaginal exploratory incision	" 28	1				No	
80	Mrs. L. B.	45	1	Fibroma uteri	Vagino-abdominal hysterectomy	" 30	1				No	Probably due to syphilitic infection.
81	Mr. A. B.	30	1	Cystic ovary, l.; retro-flexion uteri	Tubo-ovariotomy, l.; ventral suspension	" 30	1				No	
82	Mrs. M. O'B.	24	1	" ovaries; salpingitis	"	" 31	1				No	
83	Miss A. B.	24	1	Appendicitis, intercurrent	Appendicectomy	" 31	1				No	
84	Mrs. E. W. S.	58	1	Umbilical hernia	Herniotomy	April 5	1				No	
85	Miss A. B.	33	1	Metritis, chronic	Vaginal hysterectomy	" 14	1				No	
86	Mrs. J. F. P.	48	1	Carcinoma uteri	"	" 26	1				No	
87	Mrs. A. S. A.	28	1	Appendicitis, intercurrent	Appendicectomy	" 28	1				No	
88	Mrs. M. R.	43	1	Cyst of ovary, l.; fibroma uteri	Tubo-ovariotomy; myomectomy	" 28	1				No	
89	Mrs. J. P.	58	1	Ovarian cystoma, l.	Ovariectomy	May 5	1				No	
90	Miss C. B.	13	1	Appendicitis, intercurrent	Appendicectomy	" 10	1				No	
91	Mr. H. L.	15	1	" acute	"	" 16	1				No	
92	Mrs. F. A. B.	52	1	Ovarian cystoma, l.	Ovariectomy	" 21	1				No	
93	Mrs. S. R.	28	1	Appendicitis, acute; cholelithiasis	Appendicectomy; cholecystotomy	" 23	1				Yes	An acute attack of appendicitis complicated an already existing condition of gallstones with distended gall bladder. The appendix was about to become gangrenous and was removed; also 136 gallstones.
94	Miss L. A. L.	49	1	Fibromata uteri	Vagino-abdominal hysterectomy	" 24	1				No	
95	Mrs. L. P.	23	1	Abscess, peritoneal	Abdominal section	" 24	1				Yes	
96	Mr. H. S.	19	1	Appendicitis, acute	Appendicectomy	" 29	1				No	
97	Mr. E. B. A.	28	1	Hernia, ind. inguinal	Herniotomy (Bassini)	" 31	1				No	
98	Miss A. N.	30	1	Appendicitis, intercurrent	Appendicectomy	June 3	1				No	
99	Miss S. F. L.	40	1	Fibromata uteri	Abdominal hysterectomy	" 6	1				No	
100	Mrs. H. P.	58	1	Appendicitis, intercurrent	Appendicectomy	" 7	1				No	
101	Mrs. T. N.	49	1	Fibroma uteri	Abdominal hysterectomy	" 10	1				No	
102	Mrs. M.	38	1	Appendicitis, intercurrent; umbilical hernia	Appendicectomy; herniotomy	" 10	1				No	
103	Dr. H. A. R.	28	1	" acute	"	" 15	1				No	
104	Mr. E. E. A.	33	1	" intercurrent	"	" 16	1				No	
105	Mrs. S. K.	48	1	"	"	" 24	1				No	
106	Mrs. M. T.	45	1	Carcinoma uteri	Vagino-abdominal hysterectomy	" 27	1				No	
107	Mr. E. S. B.	25	1	Appendicitis, intercurrent	Appendicectomy	July 13	1				No	
108	Miss E. S. A.	27	1	Intestinal adhesions	Exploratory incision	" 18	1				No	
109	Miss M. J.	25	1	Ovarian cyst	Tubo-ovariotomy	" 27	1				No	
110	Miss E. M.	29	1	Pregnancy	Exploratory incision	" 28	1				No	
111	Mr. H. M. S.	26	1	Appendicitis, intercurrent	Appendicectomy	Aug. 2	1				No	A mistaken diagnosis based upon misleading information.
112	Mrs. L. A. N.	38	1	Cholelithiasis	Cholecystotomy	" 11	1				Yes	21 gallstones removed from gall bladder.
113	Mrs. F. S.	33	1	Fibromata uteri	Abdominal hysterectomy	" 15	1				No	
114	Miss C. S. H.	43	1	"	Vagino-abdominal hysterectomy	" 15	1				No	
115	Miss C. T. H.	43	1	"	Abdominal hysterectomy	" 16	1				No	A critical case. The tumor was almost solidly buried in abdominal and pelvic adhesions.
116	Mr. E. P. C.	50	1	Appendicitis, intercurrent	Appendicectomy	" 19	1				No	
117	Mr. E. B. Jr.	17	1	" suppurative	Abdominal section, drainage	" 19	1				Yes	
118	Miss M. L.	50	1	Ovarian cystomata, rt.	Ovariectomy	" 29	1				No	
119	Mrs. H. E.	54	1	" fibro-cystomata, rt.	"	" 29	1				No	
120	Mrs. C. M. G.	48	1	Fibroma uteri, epithelioma uteri	Vaginal hysterectomy	" 29	1				No	
121	Mrs. M. E. H.	39	1	Tubal pregnancy, ruptured, rt.; appendicitis	Tubo-ovariectomy; appendicectomy	Sept. 9	1				No	The ruptured tube had caused an acute appendicitis, by drawing appendix into adherent mass.
122	Mrs. L. H.	67	1	Fibromata uteri	Vagino-abdominal hysterectomy	" 15	1				No	
123	Mrs. M. C.	52	1	Tuberculosis of liver, ascites	Exploratory incision	Nov. 10	1				No	
124	Miss L. C. S.	23	1	Appendicitis, intercurrent	Appendicectomy	" 11	1				No	

TABLE OF CASES.

No.	NAME.	AGE.	P. II.	DIAGNOSIS.	OPERATION.	DATE OF OPERATION.	CURED.	IMPROVED.	NOT IMPROVED.	DIED.	DRAINAGE.	REMARKS.
						1898						
1	Mrs. J. F.	38	I	Cyst of left ovary	Ovariectomy	Jan. 4	I				Vaginal	
2	Mrs. C. I. B.	26	I	Cholelithiasis	Cholecystectomy	" 5	I				Yes	
3	Mrs. H. E. C.	29	I	Metritis, chronic	[inguinal Vaginal hysterectomy	" 5	I				No	
4	Mr. W. W. B.	17	I	Appendicitis, intercurrent; hernia, indirect	Appendicectomy, herniotomy	" 6	I				No	A very large appendix had prolapsed into an inguinal hernia. Appendix removed through internal ring.
5	Mrs. F. A. D.	28	I	" , acute	"	" 6	I				No	
6	Miss L. A.	38	I	Metritis, chronic; cysts of ovaries	Vaginal hysterectomy	" 7	I				No	
7	Mr. W. D. Q.	34	I	Appendicitis, acute	Appendicectomy	" 10	I				No	
8	Miss L. R.	43	I	Fibromata uteri	Vagino-abdominal hysterectomy	" 15	I				No	
9	Mr. I. M.	50	I	Appendicitis, acute	Appendicectomy	" 15	I				No	
10	Mr. J. T. T.	24	I	" , intercurrent	"	" 16	I				No	
11	Mrs. C. R.	38	I	Metritis, chronic	Vaginal hysterectomy	" 17	I				No	
12	Miss K. L.	27	I	Appendicitis, intercurrent	Appendicectomy	" 18	I				No	
13	Mrs. L. C. B.	54	I	Ovarian cyst (fibro-sarcoma)	Ovariectomy	" 19	I				No	
14	Mrs. J. C.	24	I	"	"	" 19	I				No	
15	Mr. J. T. S.	29	I	Appendicitis, acute	Appendicectomy	" 19	I				No	
16	Mr. W. D. M.	60	I	" , suppurative	Abdominal section, drainage	" 20	I				Yes	In this case the appendix was not removed, as it did not seem best to break up adhesions to enucleate it. The wound healed and he was discharged apparently all right. A subsequent attack occurred, however, requiring a second operation.
17	Mrs. A. A. H.	54		" , retro-flexion uteri w. adhesions	Appendicectomy; adhesions broken up	" 21	I				No	
18	Miss G.	22	I	Purulent peritonitis	Abdominal section, drainage	" 21				I	Yes	This patient was moribund when first seen, being full of pus, from causes which I was unable to accurately determine. An incision through abdominal wall showed hopelessness of case, and she died a few hours later.
19	Mrs. M. W.	39	I	Hernia, ventral	Herniotomy	" 22	I				No	
20	D. McC.	13 mos.	I	Appendicitis, sub-acute; indirect inguinal hernia	Appendicectomy, herniotomy (Bassini)	" 22	I				No	An enormous appendix had prolapsed into a hernia and had become incarcerated and hence inflamed.
21	Mrs. K. McC.	37	I	Fibroma uteri	Vagino-abdominal hysterectomy	" 28	I				No	
22	Miss J. M. C.	27	I	Appendicitis, acute	Appendicectomy	" 28	I				No	
23	Mrs. D. A. W.	26	I	Cystic ovaries	Tubo-ovariectomy, double; ventral suspension	Feb. 2	I				No	
24	Mrs. H. E. F.	30	I	Tubal pregnancy, l., rupt.	Tubo-ovariectomy	" 2	I				No	
25	Mr. G. Q.	40	I	Appendicitis, intercurrent	Appendicectomy	" 3	I				No	
26	Mrs. M. R. B.	51	I	Procidentia uteri	Vaginal hysterectomy	" 5	I				No	
27	Mrs. M. J. N.	39	I	Chronic metritis; cystic ovaries	"	" 5	I				No	
28	Mrs. C. L. G.	30	I	Salpingitis, cystic ovaries; appendicitis, sub-acute	Tubo-ovariectomy, double; appendicectomy	" 9	I				No	
29	Miss M. M. A.	18	I	Ovarian cystomata	" , l.; resection of ovary, rt.	" 9	I				No	
30	Mr. H. F. A.	36	I	Hernia, congenital, ind. ing.	Herniotomy (Bassini)	" 9	I				No	
31	Miss C. J. S.	32	I	Appendicitis, intercurrent	Appendicectomy	" 12	I				No	
32	Mrs. N. K.	25	I	Fecal fistula	Abdominal section	" 12	I				Yes	
33	Mrs. E. W. S.	49	I	Fibroma uteri	Vaginal hysterectomy	" 14	I				No	
34	Miss E. B.	30	I	"	Abdominal "	" 16	I				No	
35	Mrs. I. T.	42	I	Fibromata uteri; appendicitis, acute	" , appendicectomy	" 16	I				No	
36	Mrs. L. B.	25	I	Metritis; pyo-salpingitis; pyo-oöphoritis	Vaginal "	" 16	I				No	
37	Mr. F. H.	40	I	Appendicitis, suppurative	Appendicectomy	" 16	I				Yes	
38	Mr. E. B. R.	45	I	"	"	" 16	I				Yes	
39	Mrs. A. D.	51	I	Fibroma uteri; cyst of l. ov.	Vaginal hysterectomy	" 19	I				No	
40	Mrs. M. R.	48	I	Ovarian cystoma, dermoid	Ovariectomy	" 19	I				Yes	Cyst had partially emptied itself through the intestine. A large irregular slough of intestine required practically a resection. A very extraordinary case.
41	Mr. W. A. H.	32	I	Rupture of vein, portal system	Abdominal section	" 21	I				No	
42	Mrs. R. C.	55	I	Carcinoma uteri	Vaginal hysterectomy	" 26	I				No	
43	Mr. G. F. M.	14	I	Appendicitis, intercurrent	Appendicectomy	" 26	I				No	
44	Mrs. E. B. G.	32	I	Hernia, indirect inguinal	Herniotomy	March 2	I				No	
45	Miss G. McW.	19	I	Par-ovarian cyst, rt.	Tubo-ovariectomy	" 2	I				No	
46	Mrs. H. G.	30	I	Appendicitis, acute	Appendicectomy	" 2	I				No	
47	Mrs. C. E. L.	54	I	" , intercurrent	"	" 3	I				No	
48	Master K. P.	2	I	Hernia, congenital, ind. ing.	Herniotomy (Bassini)	" 5	I				No	
49	Mr. H. C.	28	I	" , indirect inguinal	"	" 5	I				No	
50	Mrs. H. S.	34	I	Ovarian cysts, right; ovarian cyst, l., ruptured ..	Vagino-abdominal hysterectomy	" 5	I				No	
51	Mr. A. Z. B.	43	I	Fibroma uteri	Abdominal hysterectomy	" 9	I				No	
52	Miss K. McD.	28	I	Ovarian cystomata	Tubo-ovariectomy, double; ventral suspension	" 9	I				No	
53	Mrs. E. M. W.	30	I	Metritis, chronic; salpingitis	Vaginal hysterectomy	" 9				I	No	Died from hemorrhage. The abdomen was opened twice after the original operation, but attempts to control the loss of blood were unavailing. A case of hemaphilia.

SUMMARY OF CASES.

DIAGNOSIS.	OPERATION.	CURED.	IMPROVED.	NOT IMPROVED.	DIED.
Appendicitis, acute	Appendicectomy	14			
" , intercurrent	"	23			
" , suppurative	"	6			
" , "	Abdominal section, drainage	2			
" , cholelithiasis	Appendicectomy; cholecystectomy	1			
Carcinoma uteri	Hysterectomy	3			
Cholelithiasis	Cholecystectomy	2			
Cystic ovaries	Tubo-ovariectomy; resection of ovary ..	3			
"	" , ventral suspension ..	5			
" ; appendicitis	" ; appendicectomy	2			
" ; fibroma uteri	" ; myomectomy	1			
Dilatation of stomach	Exploratory incision				1
Esophagitis	Abdominal section				

55	Miss M. C.	25	1	1	Abscess, intra-abdominal	Abdominal section	"	11	1	Yes	
56	Master H. H. K.	9	1	1	Appendicitis, acute	Appendicectomy	"	12	1	No	
57	Mrs. S. A. J.	64	1	1	Pyo-salpingitis; ovarian cystomata	Tubo-ovariotomy, double; ventral suspension	"	12	1	No	
58	Mrs. S. S.	50	1	1	Dilatation of stomach	Exploratory incision	"	14	1	No	
59	Miss F. K.	13	1	1	Sarcoma of mesenteric glands	"	"	16	1	No	
60	Miss M. H.	2	1	1	Tubercular peritonitis	Abdominal section; drainage	"	16	1	Yes	
61	Miss I. B.	24	1	1	Appendicitis, acute	Appendicectomy	"	16	1	No	
62	Mrs. J. H.	35	1	1	" , intercurrent	"	"	16	1	No	
63	Master H. McC.	12	1	1	" , suppurative	"	"	17	1	Yes	
64	Miss C. E. B.	25	1	1	Hernia, ind. ing., double	Herniotomy, double (Bassini)	"	19	1	No	
65	Mr. E. J.	20	1	1	" , rt.	" (Bassini)	"	19	1	No	
66	Miss L. D.	21	1	1	Appendicitis, intercurrent	Appendicectomy	"	19	1	No	
67	Mrs. L. M.	52	1	1	" , acute	"	"	21	1	No	
68	Dr. H. W. M.	28	1	1	" , intercurrent	"	"	22	1	No	
69	Miss M. L. P.	24	1	1	Salpingitis, rt.; ovarian cystomata	Tubo-ovariotomy, rt.; resection of ovary, left.	"	23	1	No	
70	Miss N. K.	28	1	1	Ovarian cystoma, l.; retroflexion uteri	Resection of ovary; ventral suspension	"	23	1	No	
71	Mr. J. P.	44	1	1	Appendicitis, intercurrent	Appendicectomy	"	23	1	No	
72	Mrs. S. R.	29	1	1	" , suppurative	"	"	23	1	Yes	
73	Mrs. E. L. M.	40	1	1	Salpingitis, rt.; appendicitis	Tubo-ovariotomy; appendicectomy	"	24	1	No	
74	Mrs. A. T.	43	1	1	Chronic metritis; ovarian cystomata	Vaginal hysterectomy	"	26	1	No	
75	Mrs. L.	27	1	1	Hydro-salpingitis, l.; appendicitis	Tubo-ovariotomy, l.; appendicectomy	"	26	1	No	
76	Miss K. B.	12	1	1	Appendicitis, acute	Appendicectomy; closure of bowel	"	27	1	No	
77	Mrs. W. W. M.	23	1	1	Ovarian cystomata	Tubo-ovariotomy, l.; resection of ovary, right	"	28	1	No	
78	Mrs. L. M. G.	30	1	1	Procidentia uteri; ovarian cystomata	" , double; ventral fixation	"	28	1	No	
79	Mrs. E. H. S.	37	1	1	Thickening of bases of broad ligaments	Vaginal exploratory incision	"	28	1	No	
80	Mrs. L. B.	45	1	1	Fibroma uteri	Vagino-abdominal hysterectomy	"	30	1	No	
81	Mrs. A. B.	30	1	1	Cystic ovary, l.; retro-flexion uteri	Tubo-ovariotomy, l.; ventral suspension	"	30	1	No	
82	Mrs. M. O'B.	24	1	1	" , ovaries; salpingitis	" , " ; ventral suspension	"	31	1	No	
83	Miss A. B.	24	1	1	Appendicitis, intercurrent	Appendicectomy	"	31	1	No	
84	Mrs. E. W. S.	58	1	1	Umbilical hernia	Herniotomy	April	5	1	No	
85	Miss A. B.	33	1	1	Metritis, chronic	Vaginal hysterectomy	"	14	1	No	
86	Mrs. J. F. P.	48	1	1	Carcinoma uteri	"	"	26	1	No	
87	Mrs. A. S. A.	28	1	1	Appendicitis, intercurrent	Appendicectomy	"	28	1	No	
88	Mrs. M. R.	43	1	1	Cyst of ovary, l.; fibroma uteri	Tubo-ovariotomy; myomectomy	"	28	1	No	
89	Mrs. J. P.	58	1	1	Ovarian cystoma, l.	Ovariectomy	May	5	1	No	
90	Miss C. B.	13	1	1	Appendicitis, intercurrent	Appendicectomy	"	10	1	No	
91	Mr. H. L.	15	1	1	" , acute	"	"	16	1	No	
92	Mrs. F. A. B.	52	1	1	Ovarian cystoma, l.	Ovariectomy	"	21	1	No	
93	Mrs. S. R.	28	1	1	Appendicitis, acute; cholelithiasis	Appendicectomy; cholecystotomy	"	23	1	Yes	
94	Miss L. A. L.	49	1	1	Fibromata uteri	Vagino-abdominal hysterectomy	"	24	1	No	
95	Mrs. L. P.	23	1	1	Abscess, peritoneal	Abdominal section	"	24	1	Yes	
96	Mr. H. S.	19	1	1	Appendicitis, acute	Appendicectomy	"	29	1	No	
97	Mr. E. B. A.	28	1	1	Hernia, ind. inguinal	Herniotomy (Bassini)	"	31	1	No	
98	Miss A. N.	32	1	1	Appendicitis, intercurrent	Appendicectomy	June	3	1	No	
99	Miss S. F. L.	40	1	1	Fibromata uteri	Abdominal hysterectomy	"	6	1	No	
100	Mrs. H. P.	58	1	1	Appendicitis, intercurrent	Appendicectomy	"	7	1	No	
101	Mrs. T. N.	49	1	1	Fibroma uteri	Abdominal hysterectomy	"	10	1	No	
102	Mrs. M.	35	1	1	Appendicitis, intercurrent; umbilical hernia	Appendicectomy; herniotomy	"	10	1	No	
103	Dr. H. A. R.	28	1	1	" , acute	"	"	15	1	No	
104	Mr. E. E. A.	33	1	1	" , intercurrent	"	"	16	1	No	
105	Mrs. S. K.	48	1	1	" , "	"	"	24	1	No	
106	Mrs. M. T.	45	1	1	Carcinoma uteri	Vagino-abdominal hysterectomy	"	27	1	No	
107	Mr. E. S. B.	25	1	1	Appendicitis, intercurrent	Appendicectomy	July	13	1	No	
108	Miss E. S. A.	27	1	1	Intestinal adhesions	Exploratory incision	"	18	1	No	
109	Miss M. J.	25	1	1	Ovarian cyst	Tubo-ovariotomy	"	27	1	No	
110	Miss E. M.	29	1	1	Pregnancy	Exploratory incision	"	28	1	No	
111	Mr. H. M. S.	26	1	1	Appendicitis, intercurrent	Appendicectomy	Aug.	2	1	No	
112	Mrs. L. A. N.	38	1	1	Cholelithiasis	Cholecystotomy	"	11	1	Yes	
113	Mrs. F. S.	38	1	1	Fibromata uteri	Abdominal hysterectomy	"	15	1	No	
114	Miss C. S. H.	33	1	1	" , "	Vagino-abdominal hysterectomy	"	15	1	No	
115	Miss C. T. H.	43	1	1	" , "	Abdominal hysterectomy	"	16	1	No	
116	Mr. E. P. C.	50	1	1	Appendicitis, intercurrent	Appendicectomy	"	19	1	No	
117	Mr. E. B., Jr.	17	1	1	" , suppurative	Abdominal section, drainage	"	19	1	Yes	
118	Miss M. L.	50	1	1	Ovarian cystomata, rt.	Ovariectomy	"	29	1	No	
119	Mrs. H. E.	54	1	1	" , fibro-cystomata, rt.	"	"	29	1	No	
120	Mrs. C. M. G.	48	1	1	Fibroma uteri, epithelioma uteri	Vaginal hysterectomy	"	29	1	No	
121	Mrs. M. E. H.	39	1	1	Tubal pregnancy, ruptured, rt.; appendicitis	Tubo-ovariectomy; appendicectomy	Sept.	9	1	No	
122	Mrs. L. H.	67	1	1	Fibromata uteri	Vagino-abdominal hysterectomy	"	15	1	No	
123	Mrs. M. C.	52	1	1	Tuberculosis of liver, ascites	Exploratory incision	Nov.	10	1	No	
124	Miss L. C. S.	23	1	1	Appendicitis, intercurrent	Appendicectomy	"	11	1	No	
125	Mrs. L. T. N.	50	1	1	Cholelithiasis	Cholecystotomy	"	25	1	Yes	
126	Miss J. P. G.	17	1	1	Appendicitis, acute	Appendicectomy	"	29	1	No	
127	Miss L. O.	30	1	1	Purulent peritonitis	Abdominal exploration	Dec.	2	1	Yes	
128	Miss S. A. B.	26	1	1	Appendicitis, suppurative	Appendicectomy	"	7	1	Yes	
129	Mrs. E. R. W.	25	1	1	" , "	"	"	10	1	No	
130	Miss N. H. B.	23	1	1	Pyo-salpingitis, double; appendicitis	Tubo-ovariectomy, left; salpingectomy, rt.;	"	12	1	Yes	
131	Mrs. C. R. A.	26	1	1	Tubal pregnancy, rt. rupt.	Tubo-ovariectomy	"	23	1	No	
132	Mrs. E. F.	20	1	1	Pyo-salpingitis, double	"	"	28	1	Yes	
133	Mrs. M. F.	54	1	1	Fibromata uteri	Vagino-abdominal hysterectomy	"	29	1	No	

A double operation.

Probably due to syphilitic infection.

B.T.F.

An acute attack of appendicitis complicated an already existing condition of gallstones with distended gall bladder. The appendix was about to become gangrenous and was removed; also 136 gallstones.

A mistaken diagnosis based upon misleading information.

21 gallstones removed from gall bladder.

A critical case. The tumor was almost solidly buried in abdominal and pelvic adhesions.

The ruptured tube had caused an acute appendicitis, by drawing appendix into adherent mass.

A neglected case.

" , "	" , "	" ; ventral suspension	5	
" , "	" ; appendicitis	" ; appendicectomy	2	
" , "	" ; fibroma uteri	" ; myomectomy	1	
Dilatation of stomach	Exploratory incision			1
Fecal fistula	Abdominal section		1	
Fibromata uteri	Hysterectomy		18	
Hernia	Herniotomy		9	
" ; appendicitis	" ; appendicectomy		2	
Hydro-salpingitis; appendicitis	Tubo-ovariotomy;		1	
Intestinal adhesions	Exploratory incision		1	
Metritis, chronic	Vaginal hysterectomy		7	1
Ovarian cystomata	Ovariectomy		10	
"	Vagino-abdominal hysterectomy		1	
Peritonitis, purulent	Abdominal section		1	2
" , tubercular	"		1	
Pregnancy	"			1
Procidentia uteri	Vaginal hysterectomy		1	
"	Ventral fixation		1	
Pyo-salpingitis	Tubo-ovariectomy; ventral suspension		3	
Rupture of vein, portal system	Abdominal section		1	
Sarcoma of mesenteric glands	"			1
Thickening of bases of broad lig.	Vaginal exploration			1
Tubal pregnancy	Tubo-ovariectomy		3	
Tuberculosis of liver	Exploratory incision			1
Total:				
133 Cases.				
134 Operations.				
4 Deaths.				
Death rate 3%.				

THE MERCURIALS IN DISEASES OF THE NOSE AND THROAT.

BY T. M. STRONG, A.M., M.D.

In presenting this paper we give nothing new, but only a grouping of the clinical results of the application of mercury to a set of diseases of one-part of the human body. Hence it is incomplete in so far that the conditions to be mentioned are frequently accompanied by general effects which serve to make a well-recognized simillimum for mercurius. We hope, however, that even this incomplete review may help to give renewed interest in this drug, to which we owe very much, and also to our homœopathic therapy as a whole. For a paper like this we must draw upon many writers in medical literature and text-books, and only this general acknowledgment to those writers can be given.

There are many preparations of mercury referred to in our writings, but clinical application has reduced this number to a very few.

Mercurius corrosivus and solubilis are the two forms which, through poisonings and provings, have furnished the fullest details of pathogenetic effects.

All have more or less similar characteristics, and a well-defined differentiation is at least difficult. Speaking then in a general sense the mercurius solubilis is more frequently used in syphilitic, while the mercurius vivus seems to have a better action in connection with catarrhal affections.

Mercurius cyanuret differs only in the peculiarity and intensity of the mouth and throat symptoms; it is the one form in which "deposit of false membrane" seems to have a certain degree of uniformity.

Mercurius corrosivus is useful in syphilitic ulcerations of a deeper grade than the solubilis, while the iodides have a greater affinity for the glandular system.

The well-known action of mercurius as a tissue irritant makes it an important remedy in our special subject.

Mercurius solubilis, or vivus, for they are largely inter-

changeable, has proven curative in so-called catarrhal headaches, characterized by a sensation of a band about the head, with pressure in the temples from within outwards; head feels heavy and neck stiff; with these there are the signs of nasal catarrh, sneezing, mucous discharge, lachrymation, and chilliness.

It is also serviceable in congestions of the mucous membrane of the nose going on to inflammation, thickening, and ulceration, with formation of scurfs and frequent hemorrhages, while the discharges are foul smelling, yellow, mucopurulent, irritant; especially of value when following a catarrhal origin, and serviceable if a scrofulous dyscrasis accompanies.

In the catarrhs of the nose and throat this remedy is of use when they have been provoked by damp, chilly weather, or by damp, cool evening air. There is the beginning coryza, with sneezing and slight mucous discharge, following, perhaps, the failure of aconite or camphor, or when seen too late in the attack for these to be of service. Stuffy feeling in the nostrils, relieved in the open air and aggravated in a warm room, with an irritative cough. Also in hypertrophic or chronic rhinitis, where there is an acute exacerbation.

In these catarrhal states there is very little, if any, differentiation to be made between the preparations as to the discharges, frontal pains, soreness of the nostrils, fetid smell, dullness of hearing, post-nasal dropping and hawking, and the general aggravation from cold and dampness, and the amelioration from warmth. In the iodides, perhaps, there is the greater tendency to thickening of the discharge and the formation of plugs or scurfs.

It has also been stated, as the result of observation, that *mercurius corrosivus* seems best adapted for males, and the *solubilis* for females and children. *Mercurius iodatus* is serviceable in syphilitic and scrofulous children with induration and swelling of the glands; nasal bones inflamed, nostrils sore and crusty, profuse, long-lasting, acrid discharges, excoriating nostrils and upper lip. There is a tendency for the disease to extend into the throat and the discharge to

become tough and thick, forming chiefly about the posterior nares and post-nasal space ; also when extending into the lachrymal duct and sac, especially when occurring among children.

The solubilis is of service in ozena when occurring in scrofulous subjects or in acquired syphilis ; the corrosivus when the discharge is glue-like often drying in the nasopharynx, and the nasal fossæ raw and smarting ; also in perforating ulcer of the septum, or phagedenic ulcers, associated with burning pains and acrid fetid discharge.

The stomatitis occurring in mercurial poisonings, and especially with those who work with the mineral, is a classic picture set forth in every text-book on materia medica. It runs through all degrees of inflammation to membranous exudate and phlegmon, and when unchecked to ulceration, suppuration, or even mortification of the soft parts and necrosis of the maxillæ, accompanied with excessive ptyalism. Fortunately the extreme picture is rarely, if ever, seen to-day, but the minor degrees of stomatitis are not infrequent ; and in these cases mercurius is invaluable, whether the attack is inflammatory or pseudo-membranous in character. The preparations called for, as a rule, will be the solubilis, if a constitutional taint is present ; the cyanuret, if the tendency to membranous formation is marked ; or, if more severe in form, the corrosivus, which acts, as we know, with destructive force upon the mucous lining of the mouth, œsophagus, and stomach, causing softening and gangrenous disorganization of this membrane.

In the solubilis, again, we find sore throat with dryness and sticking pains ; lancinating pains extending to the ears during deglutition ; swallowing difficult on account of aching pains ; constant desire to swallow, with raw, sore feeling in the vault of the pharynx, worse at night ; on attempting to swallow, liquids pass back into the posterior nares ; pharynx dull-red, streaked in dirty, yellow bands ; uvula elongated, brightly congested ; tongue thickly coated, white, with imprint of teeth ; free flow of saliva. These conditions may give way as a more or less severe pharyngitis, or may run on

to an attack of tonsillitis or peritonsillar trouble, and in that event we would probably receive more aid from the iodide combinations.

In mercurius biniodide we find, in connection with pharyngitis, a white follicular point with red areola, on left posterior pillar; sensation of a sore spot with or without the foregoing; swallowing saliva more difficult than liquids or food, a frequent symptom with the mercurials; of value for those who have been in attendance upon diphtheria, among whom attacks of pharyngitis are not uncommon. This remedy has a special affinity for the follicles of the pharynx.

Mercurius cyanuret has proven serviceable in chronic or hereditary syphilitic ulcerations of the nasopharynx or pharynx, in the latter located upon the arch, with inverted edges, uneven and callous; excessive bad odor.

In chronic nasopharyngitis the corrosivus has tinnitus aurium and impaired hearing, with complaints of obstruction, fulness, and tingling in the Eustachian tubes, together with hypertrophy of the general tissues.

In tonsillitis, when belladonna has failed to remove the acute congestive stage, mercury often occupies the second place in the treatment. When, in addition to the pharyngeal symptoms already mentioned, which are present to a greater or less degree, we have the tonsils inflamed and swollen, with acute pain on swallowing, muffled voice, and local tenderness on external pressure, with a probability that the trouble will go on to suppuration, the solubilis will often check the entire process.

If, on the other hand, the follicular form is more prominent, we will have better results from the iodides; the protoiodide favoring a right side invasion, with a free secretion, and a heavily coated furred tongue, and a tendency to a pseudo-membranous exudate. The biniodide rather for the left side, with the membrane of the tonsils and fauces of a deeper red and angrier appearance; the tongue thickly coated in the center, with red edges, or dry tongue with constant desire to wet the mouth. Some writers recommend apis and ignatia in these conditions, claiming that the use of the iodides has become routine practice.

In the chronic form of enlarged and indurated tonsils and cervical glands, with thickened pharyngeal tissues and infiltrated follicles, the iodides are still serviceable. A general point of differentiation between the two forms in these conditions seems to be somewhat as follows, that as the symptoms are largely catarrhal, thus approaching the solubilis or vivus, the protoiodide will be efficient; and, on the other hand, as they are of an inflammatory or irritative form, suggesting iodine, the biniodide will be of use.

The cyanuret seems the best indicated in diphtheria of any of the forms of mercury, and may involve the mouth, fauces, pharynx, or larynx, with tendency to putrescence; membrane grayish and tough, with profuse salivation; rattling and whistling in the throat; dry, hot skin; scanty urination; stringy, thick expectoration; marked swelling of the glands (also the iodides); great prostration, even at the beginning of the attack, out of proportion to the objective symptoms. This drug has also been used in severe forms of follicular tonsillitis with ulceration, pseudo-membrane, and constitutional symptoms in accord.

The iodides have also been used in diphtheria and much has been credited to them, although some authorities allow them scant praise and others deny their efficiency altogether, claiming that in diphtheria there is neither ulceration nor gangrene, but a false membrane formed upon an unbroken surface, and no proof that mercury can cause this pathological process. On whom shall fall the burden of proof?

In acute laryngitis where mercurius solubilis is useful, we have chilliness and great sensitiveness to cold, with frequent paroxysms of dry, burning heat, alternating with copious perspiration, without relief; larynx sore, with hoarseness, but no loss of voice, aggravated towards evening and after reading or exposure to dampness. If persistent we may have aphonia, which is not painful, however, although the mucous membrane of pharynx and larynx feels dry. A sudden onset following exposure to dampness is an additional characteristic. Conditions like these naturally lead to cough, and we have paroxysms characterized by various

kinds of pain and expectoration. The cough may be dry and hacking, often produced by sensation of tickling in larynx and trachea, especially low down, or it may be spasmodic, oftentimes incessant, even to suffocation, relieved sometimes by drinking freely of cold water. Or the cough may be tearing in character, coming from the chest with great soreness and suffering, aggravated at night. Expectoration saltish or sweet, sometimes bloody, from violence of paroxysms, occasionally purulent.

In strumous or syphilitic laryngitis where there is dark purplish swelling of the parts, with pain, hoarseness, and aphonia, in mercurius solubilis the discharge is viscid or muco-purulent, while in the iodide it is thin and offensive, with swelling of the glands. Where secondary ulceration supervenes, with increased secretion and inflamed areola, the corrosivus may do better service.

In tubercular laryngitis the iodides are the best when a form of mercury seems indicated.

DERMATITIS HERPETIFORMIS.

BY JOHN L. COFFIN, M.D.

Previous to the year 1884 the student in dermatology was not a little perplexed by the study of a class of diseases presenting erythemato-bullous lesions, and which were described under various titles. It remained for Dr. Louis A. Duhring in that year to recognize a more or less constant relation between the cutaneous lesions of these variously described diseases, and he presented to the profession a brochure under the title of "Dermatitis Herpetiformis," in which he included the various conditions mentioned above and maintained that all these conditions were but different manifestations of one disease. His contention at that time has since been accepted by almost the entire profession, and to-day dermatitis herpetiformis seems to be an established fact.

The disease is thus defined in Dr. Duhring's own words:—

"Dermatitis herpetiformis is an inflammatory, superficially seated, multiform, herpetiform eruption, characterized mainly

by erythematous, vesicular, pustular, and bullous lesions, occurring usually in varied combinations, accompanied by burning and itching, pursuing usually a chronic course, with a tendency to relapse and to recur."¹

Symptoms. These may in their onset be sudden or extend over from a week to ten days. When severe more or less prodromata are experienced, such as chilliness, malaise, constipation, fever and great itchiness of the skin without lesion. Following this the eruption appears, consisting of erythematous patches, groups of vesicles, papulo-vesicles, papules, pustules, or blebs, or a combination of any or all of these lesions on various parts of the body, occurring in groups. Although multiformity is the rule in the lesions of this disease, it is by no means constant. Not infrequently the lesions are all erythematous or all vesicular or pustular; neither does the predominance of one type during any attack guarantee similar lesions in the next or any succeeding seizure. Different attacks may present types similar in character or so unlike in appearance as to make it appear like a distinct and entirely different disease. According, however, to the predominance of the character of the lesion in any given case, we recognize for convenience of description five varieties, namely: the erythematous, vesicular, bullous, pustular, and multiform or mixed.

The erythematous variety presents itself for the most part in reddened patches, like some of the forms of the exudative erythema. Urticarial elements are not uncommonly associated with this form and patches either discrete or confluent resembling erythema multiforme. The color may be any of the various shades of red common in cutaneous affections, tinged with yellow or brown and vanishing with various degrees of pigmentation.

The vesicular variety is the most frequent, the eruption occurring in small, pinhead to pea-sized vesicles, occurring in groups, generally without areola. The shape of the vesicles is often irregular, and when close together tend to coalesce, forming small blebs, irregular, sometimes stellate in shape.

¹ Cutaneous Medicine, Part II, page 440.

The vesicle wall is quite firm, and on being broken by scratching does not excoriate, but tends to refill. Itching in this form is most persistent and intractable, often occurring with intolerable energy before the appearance of the lesion and persisting with almost unabated fury throughout. The itching is often entirely out of proportion to the amount of cutaneous damage present. The bullous form presents typical bullæ, tense or flaccid, irregular in shape, with or without areolæ, and the groups are often surrounded by small pustules or vesicles.

In the pustular variety the lesions are for the most part pustules from the start ; they are from pinhead to large pea size, grouped, and not infrequently have a few vesicles in proximity to each group. The smallest pustules are flat, not much above the surrounding level ; the larger are raised, conical, or acuminate or puckered. According to Duhring, this variety is more apt to repeat itself in subsequent attacks than any other variety.

The papular variety is the rarest, as it constantly tends to merge into the papulo-vesicular. It does, however, sometimes occur over limited areas and presents the mildest form of the complaint.

The multiform or mixed variety is polymorphous in all respects, the various forms above described being generally mixed upon the surface of the body, showing erythematous patches covered with vesicles, papules, and blebs of varying sizes, shapes, and colors. Grouping of lesions is still prominent, the itching severe, and most cases at some time during their course present this type. Lesions have been observed in the buccal, laryngeal, and tracheal mucous membrane,¹ and in one fatal case supposed to have existed within the intestinal canal.² The course of the disease is essentially chronic, occurring in relapses, with from a few weeks' to a few months' interval and covering a period of several years. The etiology is obscure. While it sometimes occurs in people of apparent good health, there seems to be a consensus

¹ Stelwagon's cases, *Jour. Cutan. and Genito-Urinary*, February, 1890.

² *Lancet*, July 11, 1896.

of opinion among those having had the largest experience in this complaint that mental shock, such as anger or fright and nervous debility due to anxiety and worry, are the most common causes. Duhring, Elliot, Crocker, Vidal, Brocq, and the author¹ have cited cases in which this cause was present.² James McF. Winfield³ and Sherwell⁴ report four cases in which glucosuria following mental shock existed, and J. A. Fordyce⁵ a case complicated with albumen and casts in the urine.

That this disease is for the most part either a nervous reflex or a tropho-neurosis seems to be fairly well established. It may occur at any age, but is most common between the ages of thirty and sixty.

The pathology has been exhaustively studied by several authors, prominent among whom are Leredde and Perrin. According to them the diseased process consists in a very acute inflammation of the papillary layer of the corium, with œdema and the pouring out into the tissues of a vast number of polynuclear leucocytes and eosinophile cells. Their researches have been confirmed by Davier⁶ and by Dr. Fordyce.⁷

This abundance of eosinophile cells in the exudation has been thought by some to be somewhat pathognomonic of this disease, but as it also occurs in urticaria, pellagra, and pemphigus, it cannot be so considered. According to Neusser, it is an evidence of a phycosis and of marked vasomotor disturbance.

The diagnoses from cases of eczema, erythema, multiforme urticaria, and pemphigus are frequently made with difficulty, and is only possible by the contemplation, not of any single attack, but of the disease as a whole as it occurs in its various relapses and recurrences. The special diagnostic points are itchiness, very severe, especially before the appear-

¹ NEW ENGLAND MEDICAL GAZETTE, December, 1895.

² Cutaneous Medicine, Part II, p. 444.

³ Jour. Cutan. and Genito-Urinary, November, 1893.

⁴ Jour. Cutan. and Genito-Urinary, April, 1888.

⁵ Jour. Cutan. and Genito-Urinary, November, 1897.

⁶ Annals de Derm. et Syph., t. VII, pp. 842-849.

⁷ Jour. Cutan. and Genito-Urinary, November, 1897.

ance of any lesions, the grouping of lesions, which constitutes its herpetiform feature, its tendency to relapse, its chronicity, and its capriciousness.

The treatment of all cases reported has been far from satisfactory. Nothing so far seems to be able to prevent recurrences, which sometimes extend over a period of years with varying intervals. During an attack arsenic has accomplished the most in affording relief and shortening the duration of the attack. On account of its probable neurotic origin it would seem that the arsenite of strychnia would offer even better results. As regards the local treatment, literature on the subject teems with a multitude of remedies, which is in itself a sufficient guarantee that but little success has attended their application. During the acute stage soothing lotions and dusting powders seem to have afforded the greatest relief, while later Duhring claims the best results from vigorous inunctions with sulphur ointment.

EXAMINATION OF SPUTUM. — Your case of incipient lung trouble brings a specimen of sputum. With the platinum wire spatula a small particle of the thickest portion is picked out, placed on the end of a glass slide, and spread out well by another slide pressed down on it and pulled apart. Both are put aside for two or three minutes to dry in the air; then passed quickly through the flame three times. Holding the slide by the free end with a hemostat, put on the spread a few drops of Ziehl's solution of fuchsin, hold over the flame until it bubbles, wash off in water, add a few drops of a solution of methylene blue in a 25 per cent solution of sulphuric acid; let it remain for thirty seconds, wash off with water, dry with filter paper, put on a drop of cedar oil, and examine with a one-twelfth oil emersion lens. If *tubercle bacilli* are present, they will be brought out as a distinct red against a blue background; and a positive diagnosis is made in time to give the patient a chance for life in a suitable climate. — *The Virginia Medical Semi-Monthly.*

EDITORIAL.

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

THE NEW BUILDING AT WESTBORO.

The new building at the Westboro Hospital is very nearly completed, and will no doubt be occupied by patients before our next issue. The location is unsurpassed. Situated upon a knoll to the east of the main building, across the old highway, which has now become entirely a private road belonging to the hospital, facing south and commanding a superb view of the distant town with Lake Chauncy in the immediate foreground, the building stands.

The structure itself is an oblong quadrilateral in shape, one hundred and sixty-six feet long and nearly seventy-three wide, and being adapted for both male and female patients, is divided into two sections, one the counterpart of the other.

Beginning with the basement we find a kitchen with store-room, and the arrangements for heating, lighting, and ventilation, the power for all being furnished in the original plant and carried into the new building by means of underground conduits. On the first floor on either side is a large day room, fifty by twenty-eight feet, with a southerly exposure, lighted by ten large windows. On the side opposite the windows is a fine large brick fireplace, affording excellent ventilation. Leading out of this room is a semi-circular sun room or solarium, the walls and roof being entirely of heavy glass, where convalescents may have the advantage of thorough sun-baths. Beside this day room are situated upon this floor four small rooms for single patients, and two three-bed dormitories connecting immediately with the day room, an examining room, a sewing room, a drying room for towels, mops, etc., a linen room, two rooms for subordinate officers, a toilet room and Turkish bath, with appurtenances, so arranged as to be accessible from either side of the building.

On the second floor on either side is a large dormitory, the same size and shape as the day room beneath, and in addition four small single rooms, dining room, sewing room, bath with both tub and the modern spray, apartments for resident physician, and toilet room.

On the third or attic floor is the apparatus for ventilating the building by the suction draft method, which can be reinforced if necessary by forced draft from the cellar.

In structure the building is of red brick with white trimmings. It has brick partition walls and salamander floors beneath the top floor of maple. The finish other than the floors is of oak and ash. The cost exclusive of finishing is about fifty thousand dollars, and the building is without doubt in accord with the most modern ideas of adaptability for the treatment of the acute insane.

It is a matter of just pride and gratification to the members of the homœopathic branch of the profession that the whole conduct of the institution and the beneficent results of its treatment have been such as to inspire general confidence, and thus enabled this much-needed addition to be cheerfully made by the Commonwealth.

EDITORIAL NOTES AND COMMENTS.

Dr. H. M. Hunter, of Lowell, a Senior in the State Society, died in Lowell, Mass., on January 11, 1899. We append the following from the *Lowell Mail* of January 11:—

Horatio M. Hunter was born September 29, 1830, in Lyndon, Vt., the son of James and Lucy Hunter. He first read medicine at Lyndon in the office of C. B. Darling, M.D., who was the pioneer homœopath of northern Vermont. After receiving an academic education Dr. Hunter went to Dartmouth Medical College, and afterwards to the Hahnemann Medical College of Philadelphia, from which he was graduated in the class of 1857. After leaving college he first practised medicine at Concord, Vt., from which place he later went to St. Johnsbury, Vt. He left the latter place in 1870 and came to Lowell, where he has since been in practice.

Few, if any, physicians now here were then in practice in this city.

In all these years Dr. Hunter was never known to shirk a duty, be it ever so difficult or trying. He had the respect of all who knew him ; enemies he had none, for his sunny, peaceful nature would not permit him to make them. He had always been a hard worker, fond of his books and well acquainted with their contents ; always keeping well abreast of the times, he gave to his patients the best there was in him.

Dr. Hunter was married in 1860 to Miss Susan M. Chase, of Concord, Vt. She, with one daughter, Mrs. G. Forrest Martin, and three brothers and one sister residing in Vermont, survive him.

Dr. Hunter was a member of the Lowell Hahnemann Club, and was its first president. He was also an active member of the staff of the Lowell General Hospital, and had served upon its advisory board ever since the hospital has been opened. He was a Senior in the Massachusetts Homœopathic State Society and one of the founders of the Massachusetts Surgical and Gynecological Society. He had also been a member of the American Institute of Homœopathy for many years.

During his residence in Lowell he was a constant attendant at the First Universalist Church.

A special meeting of the Lowell Hahnemann Club was held Thursday afternoon in the office of Dr. E. H. Packer, to take action on the death of Dr. Horatio M. Hunter. The following resolutions were presented and adopted : —

“ *Whereas*, An all wise Providence, he who does all things well, has decreed that our friend and colleague, Dr. Horatio M. Hunter, shall be taken away, therefore we, the members of the Lowell Hahnemann Club, have met in special session to give expression to our feelings of sorrow at this sad occurrence. In the death of Dr. Hunter our society has a vacancy created which no one man can ever fill, for there were in him a diversity of manly and noble traits combined with the greatest of skill, the utmost devotion to his work, and the broadest views of his duty, which made him indeed the true physician. He went about doing good.

“ Where others would have held back because of the sufferings and infirmities which he fought in later years, he never withheld his services, but went about his work day after day, when he was more in need of a physician than many of those to whom he administered.

“ He knew no rich, no poor. He never complained of his cares, but cheerfully endeavored to lighten the burden of others. His one

aim was duty, and he always performed it. He was one of nature's truest noblemen, God's noblest work. The community at large, and especially that large portion which has always looked to him for counsel and advice, has met with an irreparable loss. Dr. Hunter cannot come back to us, but his memory will always be an incentive to us to do our duty. To his stricken family we extend our deepest, sincerest sympathy."

On motion, it was ordered that the resolution be spread upon the records of the society and a copy sent to the family. It was also voted that the club attend the funeral in a body and that reports of the meeting be furnished the Lowell papers, the NEW ENGLAND MEDICAL GAZETTE, and the *Philadelphia Hahnemannian*.

G. L. VAN DEURSEN, M.D.,
Secretary.

It is our painful privilege to chronicle with this issue the deaths of two more of our older and best known physicians, Dr. Hunter, of Lowell, and Dr. Henry Houghton, of Boston. By rather a remarkable coincidence they were born in the same town, Lyndon, Vt., and died within a few days of each other. They were both widely known and beloved, were both very successful practitioners, and were both filled with that divine spirit which placed professional honor and duty ever in front. They were both men of the older type, daily becoming less in number. Have we those who in character and devotion to duty can hope to fill their places? Who can say? God grant that we may ever keep the memory of such noble lives before us "lest we forget, lest we forget."

SOCIETIES.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The Annual Meeting of the society was held at the Boston University School of Medicine, Thursday evening, January 5, 1899, at 7.45 o'clock, President John L. Coffin in the chair.

The records of the last meeting were read and approved.

The following names were proposed for membership: Thomas R. Griffith, M.D., Cambridge, Lillian B. Neale, M.D.,

Boston, Lena Hess Diemar, M.D., Cambridge, and Granville E. Hoffses, M.D., Boston.

Charles T. Howard, M.D., Wesley T. Lee, M.D., Lucille A. James, M.D., and S. Elizabeth Slagle, M.D., were elected to membership.

The reports of the Secretary, Treasurer, and Auditor for 1898 were read and accepted.

On motion of Dr. Sarah S. Windsor, it was unanimously voted that the society, through the Secretary, extend to Drs. William J. Winn and William L. Jackson, former presidents of the society (who were too ill to be present), the season's greetings and best wishes for their recovery.

On motion of Dr. Maurice W. Turner, it was voted that the Secretary be instructed to request of Dr. Bellows the privilege of publishing in the year book for 1898 his paper entitled "Treatment of Aural Neuralgia," which was read before the society at the November meeting.

The Obituary Committee, appointed at the November meeting, reported the following resolutions on the death of Dr. O. S. Sanders:—

Whereas, The hand of Providence has removed from his field of labor and from our presence Orren S. Sanders, M.D., we, the members of the Boston Homœopathic Medical Society,

Resolve, That we hold in kindly remembrance the many noble qualities, as man and physician, of our late colleague.

That we sympathize with the large number of patrons who had learned from long experience to look upon him as their worthy and beloved physician.

That especially do we sympathize with her who mourns the loss of a devoted husband.

Resolved, That these resolutions be placed on the records of the society, and that a copy be sent to the family.

S. A. SYLVESTER,
H. E. SPALDING,
H. P. BELLOWS,
Committee.

A petition signed by a sufficient number of members, asking for the establishment of a new bureau to be known as the

Section of Anatomy and Physiology, was presented. On motion of Dr. Boothby, it was voted that this new section be instituted.

Dr. Ellen Hutchinson Gay, a corresponding member, having returned to Boston, was by vote of the society placed on the list of active members.

The resignation of Alice E. Rowe, M.D., of Springfield, was read and accepted.

The following Obituary Committee was appointed by the President to draw up resolutions on the death of Dr. J. T. Harris, one of the original members of the society: Alonzo Boothby, M.D., John P. Sutherland, M.D., and Alonzo G. Howard, M.D.

Dr. F. P. Batchelder called the attention of the society to the efforts made by the Ladies' Hahnemann Monument Society to raise funds for the completion of the Hahnemann monument, and suggested that this would be an opportune time for the society to take some action in the matter. After considerable discussion by different members, it was voted that a committee of four be appointed to solicit funds for this purpose, which would represent the contribution of the Boston Homœopathic Medical Society. The following physicians constitute the committee: A. J. Baker-Flint, Adaline B. Church, Lucy Appleton, and Sarah S. Windsor.

The President appointed Drs. Sutherland, N. R. Perkins, F. P. Batchelder, and J. M. Hinson tellers, and the society proceeded to ballot for officers for the ensuing year, which resulted as follows: President, Sarah S. Windsor, M.D.; First Vice-President, Frederick W. Halsey, M.D.; Second Vice-President, Kate G. Mudge, M.D.; General Secretary, Frank E. Allard, M.D.; Associate Secretary, Edward E. Allen, M.D.; Treasurer, Maurice W. Turner, M.D.; Auditor, N. R. Perkins, M.D. Censors: John L. Coffin, M.D., Helen S. Childs, M.D., and T. M. Strong, M.D.

The society voted to suspend the rules and allow the Section of Sanitary Science and Public Health to report at an adjourned meeting to be held January 19.

Following the report of the tellers, Dr. John L. Coffin, the

retiring President, delivered a stirring address on the present status of homœopathy, which was listened to with marked attention.

At 9.15 the society adjourned to the Physiological Laboratory, where refreshments were served and a social time enjoyed.

Music was furnished by the Euterpe Banjo and Harp Club, and the excellent selections, skilfully rendered, added much to the pleasure of the evening. A large number were present.

FRANK E. ALLARD, *Secretary*.

The meeting of the society, adjourned from January 5, was held at the Boston University School of Medicine, Thursday evening, January 19, 1899, at 7.45 o'clock, President, Sarah S. Windsor, M.D., in the chair.

The records of the previous meeting were read and approved.

The name of Frank A. Davis, M.D., was proposed for membership.

Dr. E. F. Norcross, who was placed on the list of members retired for non-payment of dues in 1896, was reinstated by vote of the society, having paid all dues to date.

The resignation of Dr. Chas. S. Gleason, Wareham, was read and accepted.

The following Obituary Committee was appointed by the President to draw up resolutions on the death of Henry A. Houghton, M.D.; I. Tisdale Talbot, M.D., Frederick W. Halsey, M.D., and Herbert C. Clapp, M.D.

REPORT OF THE SECTION OF SANITARY SCIENCE AND PUBLIC HEALTH.

F. P. BATCHELDER, M.D., Chairman; MARY B. CURRIER, M.D., Secretary;
ALONZO G. HOWARD, Treasurer.

W. T. Talbot, M.D., N. R. Perkins, M.D., and Helen S. Childs, M.D., who were appointed a committee to nominate officers for this section for the ensuing year, reported as follows: Chairman, John A. Rockwell, M.D., Secretary, Mary

R. Lakeman, M.D., and Treasurer, Carroll C. Burpee, M.D., who were duly elected by the society.

PROGRAM.

Subject: Baths and Bathing.

1. Boston's Public Baths. Illustrated with Stereopticon Views. Hon. Josiah Quincy, Mayor.

2. Baths in the Gymnasium. Miss Mary E. Allen, of the Allen Gymnasium.

3. Clinical Application of Baths. John P. Sutherland, M.D. Discussion will be opened by H. E. Spalding, M.D., and H. C. Clapp, M.D.

Miss Mary E. Allen gave an interesting description of baths as applied in the Allen Gymnasium. In her experience cool baths after exercise had proved very beneficial and a preventive against colds, as well as a general tonic to the system. She also corrected the erroneous idea that turkish baths were enervating, and stated that such baths, properly administered and modified to suit individual cases, could be taken once a week with excellent results.

Hon. Josiah Quincy spoke informally, outlining the present system of public baths in the city of Boston, and followed his remarks with stereopticon views, showing the location and construction of the baths and gymnasia throughout the city. During the past season the attendance at these baths had doubled; 1,900,000 baths had been taken at an expense of \$38,000, a cost of two cents per bather. The city has also provided free bathing suits for boys and girls, and furnished a clean towel for one cent. The enormous increase in attendance at the public baths was largely to be accounted for by the fact that the baths had been established in nearly every ward in the city, thus bringing them within easy reach of the masses.

He stated that the moral benefits, as well as the sanitary and physical, are obvious, for cleanliness is one condition of self respect, and certainly a clean body has an influence upon the person who takes the bath, there being a close relation between physical dirt and moral degradation. If our present

system of free public baths be maintained and developed for a term of years, the effect produced upon the community and upon its moral well being will be obvious.

The Mayor also alluded to the beginning which has already been made for the establishment of winter baths, and showed stereopticon views of the Dover Street winter bathhouse, and hoped that next season others would be established at convenient locations about the city. Views were also shown of the different free gymnasia, which have been opened to the public. During the past season classes have been established in which free instruction has been given to a large number of boys and girls, the summer bathing suits being utilized for the gymnasium. But a small beginning has been made in this line, but the practical utility of the work has been demonstrated. A new gymnasium will soon be completed, built by the city at public expense, and will be maintained as a part of the municipal expenses.

In closing views were displayed showing ancient and modern baths in different parts of the world, from which it was evident that many European cities are far in advance of American cities in the development and establishment of free public baths and gymnasia.

On motion of Dr. Boothby, it was voted that the society wholly endorses the speaker's efforts in this direction to furnish not only public baths but free gymnasia.

On motion of Dr. E. P. Colby, it was voted to extend to Mayor Quincy a vote of thanks for his scholarly and painstaking address and that the same be placed on the records of this society.

Dr. John P. Sutherland, M.D., next spoke on the "Clinical Application of Baths," and stated that the subject of baths was an extensive one, the details of which he had no time to enter into. He was of the opinion that too much bathing was not beneficial to some people; that the rubbing or friction of the skin was more essential in removing the corneous layer of the cuticle and aiding in desquamation. Physiologically speaking, the skin was not designed for an organ of absorption and in its normal condition would not

absorb, thus very little dirt would naturally find its way into the circulation through the skin. Many persons, who bathe frequently, especially those who make use of strong alkaline soaps, were apt to do injury to the skin, causing it to become dry and hardened. In such cases, he recommended the patient to discontinue all bathing with water, and substituted cocoanut oil. He endorsed the statement made by Miss Allen as to the benefit and efficacy of cold baths, and believed that they should be used for their tonic effect. He believed that in our eagerness to secure absolute cleanliness externally we should not forget to bathe internally, and advocated the free use of drinking water for that purpose.

At the close of Dr. Sutherland's remarks, a vote of thanks was tendered Miss Mary E. Allen for her courtesy in presenting a paper before the society.

Dr. H. E. Spalding opened the discussion and endorsed the use of cocoanut oil as recommended by Dr. Sutherland. He also believed in the external application of warm water as a means of relief in a large number of diseased conditions. He had discontinued the use of cold water packs for two reasons: first, because he had been unable to obtain favorable results; second, because the patient was not satisfied.

Dr. Clapp, when called upon to close the discussion, said we could well spend a whole evening in the further consideration of this interesting subject, but owing to the lateness of the hour, he thought it advisable not to further discuss the question at this time.

The meeting adjourned at 10.10 P.M.

FRANK E. ALLARD,

Secretary.

WESTERN MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

SPRINGFIELD, MASS., December 21, 1898.

The regular quarterly meeting of this society was held at Cooley's Hotel, Springfield, Mass., Wednesday, December 21, 1898, at 11.30 A.M., President W. P. Wentworth, M.D., in the chair.

The records of the last meeting were read by the Secretary and accepted.

O. W. Lane, M.D., of Great Barrington, Margaret G. Darby, M.D., and Edward A. Darby, M.D., of Northampton, having been recommended by the Board of Censors, were elected to membership in the society.

Letters were read from Dr. Henry Tucker, of Brattleboro, Vt., and Dr. J. P. Rand, of Worcester.

Elmer H. Copeland, M.D., O. W. Roberts, M.D., and G. H. Wilkins, M.D., were appointed an Obituary Committee by the chair to draw up resolutions on the death of Dr. N. W. Rand.

Remarks were made by a number of the physicians relative to the great loss which we had sustained as a society in the death of our colleague, Dr. Rand.

The resignation of J. Emmons Briggs, M.D., was read and accepted.

Scientific Session.

BUREAU: GYNÆCOLOGY, MEDICAL ELECTRICITY, OPHTHALMOLOGY.

J. H. Carmichael, M.D., Chairman.

1. Sanity and Therapeutic Value of Bromine Vapor. Dwight Warren, M.D., Winsted, Conn.

Dr. Warren, after ten years' experience with bromine vapor, could most confidently recommend its therapeutic uses in croup, diphtheria, influenza, chronic laryngitis, catarrhal colds, hoarseness, and all affections of the air passages; also used for the prevention of scarlet fever and diphtheria. It has great use as a deodorant, chemically uniting with and destroying noisome odors.

2. The Credè Method. Geo. Rhoads, M.D., Springfield.

This method, which was originated by Professor Credè in 1882, and has since been practised by him in his maternity hospital in Leipzig, consists of applying to the eyes of the newborn, for the prevention of ophthalmia neonatorum, a two per cent solution of nitrate of silver, one drop in each eye, every two hours. The result (with Professor Credè) was a sur-

prising decrease in the disease, and the practice was adopted by, and is now used, in all the large hospitals in Europe.

The doctor felt that in the fact that in the private practice of most physicians the disease is seldom encountered lay the danger of being off one's guard when a case did appear ; and he recommended that in every case where therew as a suspicious vaginal discharge this method of practice should be used.

3. Several Gynæcological Cases Treated by Galvanism. Clarice J. Parsons, M.D., Springfield.

4. The Homœopathic Treatment of Diseases Peculiar to Women. A. M. Cushing, M.D., Springfield.

In most of these cases no examination of the parts is necessary, but a careful selection of the appropriate homœopathic remedy would insure a cure. The more chronic the case, the higher the potency to be given if results are to be gained. In the discussion which followed, the voice of the society was in favor of vaginal examinations, in addition to the selection of the remedy. The tendency of the homœopathic school at the present time was to give too little time to the study of *materia medica*, and too much time to surgery and gynæcology. We, as a society, should know more of *materia medica* and give a more prominent place to internal remedies, carefully studying our *materia medica* before selecting the drug.

About twenty physicians were present, a number of the regular attendants being absent on account of the prevalence of the grip in Springfield and some of the surrounding towns.

The Obituary Committee, through its chairman, Dr. E. H. Copeland, presented the following resolutions on the death of Dr. N. W. Rand : —

We, the members of the Homœopathic Medical Society of Western Massachusetts, desire to honor the memory of our departed brother, Dr. N. W. Rand, and to testify to his skill as a physician, to his worth as a man, and to his integrity and fidelity as a member of the profession.

His was a genial, kindly nature, expressing itself in love for bird and wayside blossom, in kindness to beast and burden-bearer, and in a large charity to all mankind.

In the realm of thought and letters he was an earnest student, ever seeking new light, ever receptive of the truth, ever enthusiastic in his research — a thinker and a scholar.

He was a poet, yet an eminently practical man, adapting himself with ever-ready tact to the circumstance and condition in which he was placed.

He was an ideal doctor. His breadth of intellect, shrewd insight into human nature, and pleasing courtesy of manner placed him high in the ranks of his contemporaries. More than many another, he had the skill to read in his rides among the hills the stories nature has written in rock, tree, and flower, and he had a heart to respond to and to breathe inspiration from his surroundings, and, above all, the happy gift of imparting this inspiration to the hearts and lives about him. To many a bedside he brought the wisdom of the physician, the skill of the surgeon, and the tender touch of the nurse, — a rare combination, endowed by nature, but developed by his surroundings.

In the midst of his busy practice he still had time for family and friends; never too busy to give a suggestion, to lend a helping hand, free, generous to a fault, ever ready to help a worthy cause or a deserving person. Cheerful in the most trying circumstances, cool in the most perplexing, untiring, resourceful — a most interesting and lovable man.

To his brother, sisters, and orphan children we extend the hand and heart of sympathy in this their great bereavement, the depth of which we may in some measure realize.

ELMER H. COPELAND,

OSCAR W. ROBERTS,

GEO. H. WILKINS,

For the Society.

The meeting adjourned at 4 P.M.

ALICE E. ROWE,

Secretary.

GLEANINGS AND TRANSLATIONS.

TREATMENT OF SCIATICA. — Absolute rest in the recumbent position is of the first and most vital importance, as without this other therapeutic measures amount to nothing. Weir Mitchell even goes so far, after putting the patient to

bed, as to apply a long splint to the affected side, just as a surgeon does in fracture of the hip. He claims that he has cured some of the most obstinate cases, after all other measures have failed. I have never used it or seen it used, though some who have say they have known it to relieve, and some cases to be entirely cured by it. This would be an excellent mode of treatment in an institution, but I hardly believe it would be feasible in the majority of cases in private practice. . . . Local applications are often of great benefit — heat, ironing the thigh along the course of the nerve, firing along the course of the nerve, with the hammer made hot by boiling ; the thermo-cautery ; blisters over the nerve or most painful spots ; iodine, preferably the comp. or Churchill tincture, applied repeatedly until vesication takes place ; deep injections along the course of the nerve or at its point of exit from the pelvis, repeated p. r. n. . . .

Acupuncture is a very popular mode of giving relief to patients suffering from sciatic neuralgia. It consists of introducing fine, round steel needles (which have been sterilized) to various depths from one to two inches over the course of the nerve. From one to six are used.

Professor Osler speaks highly of this mode, both in lumbago and sciatica. . . .

An operation by cutting down upon and opening the sheath of the nerve and breaking up any adhesions, in some obstinate cases, gives relief. Also by removing a section of the inflamed nerve.

Deaver, of Philadelphia, cured a case of long standing, which had resisted most active treatment of various kinds, by stretching the nerve.

Electricity is recommended by some, but by many reliable authorities is not favored, being looked upon as an uncertain remedy. I have used it in one case, but the patient felt worse after than before. Cold applied over the course of the nerve by means of ice bag is advocated by Mitchell, Jacobi, Hammond, and others. In the majority of cases it is of doubtful utility. Massage in conjunction with other treatment is advisable in cases where the inflammation of

the nerve sheath is not too active, and it often does a great deal of good. There may be a syphilitic taint back of the trouble, when the use of potassium iodide or the corrosive chloride of mercury, singly or combined, may bring about a cure. — *Dr. D. O. Leech, The Maryland Medical Journal.*

ELECTRICITY IN CHRONIC ARTICULAR RHEUMATISM. — I have tried many of the famous prescriptions, but have failed to cure the disease with medicine — that is, satisfactorily. I know electricity will do more in a case of chronic articular rheumatism than any drug. Before using electricity one must familiarize himself with the different currents — their applications, length of application, also strength of current to give, etc. I have found the best method to be that of the electro-thermal vapor bath, for this reason: the dry skin is practically a non-conductor of electricity, having a resistance of about one hundred thousand ohms. This apparatus is for the purpose of overcoming, as far as possible, this resistance. This can only be accomplished through heat and moisture. We overcome the resistance of the skin and the tissues beneath it, and can localize the current upon any desired portion of the body in a way that is impossible in the water bath.

The pores are filled with perspiration, and through this moisture electricity will penetrate much more deeply than in any other method.

The improvement in the condition of a patient suffering from some chronic disease is ordinarily due to some of the many changes occurring in the process of nutrition. The effects of the electro-thermal treatments upon the organs and tissues of the body are mechanical, physical, chemical, and physiological. These results aid in nutrition by hastening the chemical changes which are ordinarily going on in the body. It is unreasonable to expect an immediate cure in a case of chronic trouble; chronic cases require chronic treatments. Also it is unreasonable to expect electrical treatment to promptly and entirely remove deposits from the joints and cure a case of ankylosis; but I do say

that electricity properly applied, with reasonable discrimination in the selection of cases, will secure better results in the treatment of rheumatism than any other measure with which I am acquainted.

This disease being constitutional, treatment in a large majority of cases, particularly of muscular rheumatism, will give better results by the use of general faradization given in the electro-thermal bath than in any other method. In the treatment of chronic articular rheumatism the current should be passed transversely through the joint. I prefer the galvanic because of its superior penetrating power, although alternation with faradic is very successful. In case you have callosities, ankylosis, or effusions, the galvanic current is much more efficient than the faradic. The negative pole is also to be preferred where it is desired to cause absorption. Where there is much pain, or the parts sensitive to pressure or exercise, the use of the positive pole over the seat of trouble usually affords prompt relief. The treatments should be as often as every day until the disease begins to subside; then every other day until patient is dismissed. — *Dr. G. M. La Salle, in The Electro-Therapeutist.*

REVIEWS AND NOTICES OF BOOKS.

PRACTICAL URINALYSIS AND URINARY DIAGNOSIS. A Manual for the Use of Physicians and Students. By Charles W. Purdy. M.D., LL.D. Fourth revised edition. Philadelphia, New York, Chicago: The F. A. Davis Company, Publishers.

While it has been for some time considered of importance to have made a thorough analysis of the urine in most diseased conditions, it is only comparatively recently that physicians generally are beginning to use this as a great aid in diagnosis. Indeed, to neglect it in certain conditions is not, to say the least, just to the patient, as the differentiation of certain types of disease is sometimes only possible through a thorough analysis of the urine. Its influence on the treatment and ultimate results of the case is therefore great.

The author of this very practical work has out of his large expe-

rience given to the profession very trustworthy methods for urinalysis. The reagents for the various tests he has selected with care and especially emphasized those which are the most trustworthy and less likely to be reduced by any other substance than what is being tested for. In the section on "Centrifugal Analysis" he gives a ready method for determining approximately the amount of chlorides, phosphates, sulphates, and albumen in a given specimen of 10 c. c. by estimating their bulk percentages. This is done by means of conically shaped centrifugal tubes of 15 c. c. capacity and especially graduated, 10 c. c. of urine being used and 5 c. c. of reagent. The tubes are then revolved at a speed of 1,000 revolutions a minute for three minutes. The arms of the centrifuge must be of such length that the tips of the tubes will describe on revolution a circle exactly thirteen inches in diameter. From many analyses of normal urines by this method the author has constructed a standard scale with which the results of the centrifugal analysis of the urine in diseased states must be compared. The method in our experience gives fairly accurate results. For rapid comparative results on the same cases from day to day, as, for instance, in estimating the chlorides in pneumonia, we have a good means of determining the progress of a case by this method of centrifugal analysis.

We cannot accept the confidence which he places in the Daland Hæmatokrit as a ready means of determining the number of red and white blood corpuscles per cubic meter. The degree with which both white and red cells vary in size in health and in certain diseased states is often quite marked, so that 5,000,000 small cells would make a much shorter column than 5,000,000 large cells in the tubes of the hæmatokrit. However, for precipitating bacteria in the urine it may be of some use as the author has suggested.

The section on "Diseases of the Urinary Organs and Urinary Disorders" appeals perhaps most strongly to the practitioner. In this section the author has very nicely differentiated the various forms of nephritis by not only giving the leading urinary symptoms, but also the most prominent of the other clinical symptoms. In this section he treats also in a similar manner amyloid disease of the kidney, renal tuberculosis, cystic disease of kidney, renal embolism, renal calculus, uræmia, hæmoglobinuria, chyluria, diabetes insipidus and mellitus, pyonephrosis, hydronephrosis, surgical kidney, movable kidney, cystitis, vesical tuberculosis, stone and cancer.

On the whole the work fulfils its object as "A Guide to Practical

Urinalysis." That it is in its fourth edition in so short a period as three years is a sufficient testimonial of its excellence.

The typography and binding are good.

S. C. F.

We are in receipt of the following notice from the well-known publishers, Messrs. Lea Brothers & Co., which will be of interest to all our readers:—

Messrs. Lea Brothers & Co. announce for publication in March, 1899, the first volume of *Progressive Medicine*, a new annual which will be issued in four handsome octavo, cloth bound, and richly illustrated volumes of about 400 pages each. The several volumes will appear at intervals of three months. In this age of unusual progress, so rapid is the advance in all departments of medical and surgical science that the need for condensed summaries which shall keep the practitioner up to date at the least possible expenditure of valuable time has become imperative.

To insure completeness of material and harmony of statement, each narrative will receive the careful supervision of the General Editor, Dr. Hobart Amory Hare, whose reputation will everywhere be acknowledged as insuring practical utility in a high degree. Those associated with Dr. Hare in the production of *Progressive Medicine* include a brilliant gathering of the younger element of the profession, well representing the class which is so energetically contributing to make modern medical history.

With the appreciation of the self-evident utility of such a work to all practitioners, the publishers are enabled to ask the very moderate subscription price of ten dollars for the four volumes.

The publishers offer to send full descriptive circulars and sample pages to those applying for them.

A TEXT-BOOK OF OBSTETRICS. By Barton Cooke Hirst, M.D., Professor of Obstetrics in the University of Pennsylvania. With 653 illustrations. Philadelphia: W. B. Saunders. 1898. pp. 846. Price, cloth, \$5.00 net; sheep or half morocco, \$6.00 net.

Twelve years given exclusively to obstetrics and gynecic surgery, and to service as gynecologist and obstetrician in eight of the principal hospitals of Philadelphia, may well fit a man to write a book on obstetrics.

When that gynecologist and obstetrician is also a teacher of long experience, he may feel justified in claiming that his work should have a place among text-books. Such a place we sincerely hope Dr.

Hirst's volume on obstetrics may at once occupy. It may be adopted with advantage in place of works which have passed through several editions practically unchanged.

Dr. Hirst's book is thoroughly up to date, readable, careful in its statements, comprehensive, yet not diffuse. Even in this day of copious illustrating this volume is unique, and the illustrations are excellent and pertinent to the text.

The work is divided into seven parts: Pregnancy, The Physiology and Management of Labor and of the Puerperium, The Mechanism of Labor, The Pathology of Labor, Pathology of the Puerperium, Obstetric Operations, The Newborn Infant. The title of Part I, that is, Pregnancy, is perhaps the only one which does not convey the full scope of its section. This portion includes chapters on anatomy, menstruation, ovulation, fertilization, etc., the development of the embryo and fetus, the physiology of pregnancy, and the pathology of the pregnant woman.

Other titles are sufficiently explanatory. Without prejudice to other portions of the work, we especially commend the section on "The Physiology and Management of Labor and of the Puerperium," and the clear explanations and directions given in Part VI concerning the use and application of forceps. The illustrations in the latter sections will be very helpful, especially to students.

We predict that Dr. Hirst's work will be received with much favor by instructors and practitioners.

THE PHONENDOSCOPE AND ITS PRACTICAL APPLICATION. By Prof. Aurelio Bianchi. American edition. Philadelphia: George P. Pilling & Son. Price, 50 cents.

That the phonendoscope is an improvement on the stethoscope we think few will dispute. Doubtless, however, there are some who are not fully conversant with the most approved methods of making use of the newer and better instrument. The above-mentioned monograph will therefore prove serviceable to the many physicians who have discarded the old-fashioned stethoscope.

Its five chapters seemingly cover all the practical points, a knowledge of which is essential to intelligent phonendoscopy. The origin, scope, and application of the phonendoscope are set forth, and the results obtainable by its use summarized; diagrams and charts show in connection with the text methods of outlining the organs of the body.

It is claimed that not only their location, but also their movements

and any alterations of position, whether caused by their functional activity or through the action of gravitation, can be determined by means of the phonendoscope.

It is certainly a useful and easily applied little instrument, and this book of instruction should make it of still greater practical value.

ATLAS OF SYPHILIS AND THE VENEREAL DISEASES, INCLUDING A BRIEF TREATISE ON THE PATHOLOGY AND TREATMENT. By Prof. Dr. Franz Mracêk. Edited by L. Bolton Bangs, M.D. Philadelphia: W. B. Saunders. 1898. Price, \$3.50 net.

This is the volume in the series of Medical Hand-Atlases, being published by Mr. Saunders, which, as the title shows, treats of syphilis, the venereal ulcer, and gonorrhœa. We have had occasion to remark to such a degree on the excellence of the other hand-atlases in this series that it would be difficult to say anything new about this. There are seventy-one colored plates which are superb examples of the degree of perfection to which the art of illustration as applied to medicine has arrived. The selection of cases is most happy, as it presents with great truthfulness the *ordinary* appearances of the disease as well as some of the more exceptional. These plates are a practical help often in the deciding of a doubtful diagnosis.

The descriptive text is a brief history of each case with treatment (largely mercurial inunction) and results. The didactic text is brief, but practical and to the point. Altogether this book is one of the best yet issued.

REPRINTS AND MONOGRAPHS RECEIVED.

The Manual of Massotherapy. The Use of Massage Rollers and Muscle Beaters. By W. E. Forest, B.S., M.D. New York: The Health Culture Co. 1898. Price, 25 cents.

Mechanical and Surgical Treatment of Fractures of the Neck of the Femur. By Arthur J. Gillette, M.D. Reprinted from *North-western Lancet*.

The Early Diagnosis of Cancer of the Stomach. By Charles D. Aaron, M.D. Reprinted from *The Journal* of the American Medical Association.

Three Years of Serum Therapy in Tuberculosis. By J. R. Lewis, M.D. Reprinted from *New York Medical Journal* for May 14, 1898.

Christian Science. A Sociological Study. By Charles A. L. Reed, A.M., M.D. Cincinnati: McClelland & Co. 1898. Price, 10 cents.

Are Complete Castrates Capable of Procreation? By F. R. Sturgis, M.D. Reprinted from *Medical News* of October 8, 1898.

Some Remarks about the Study of Medicine in Germany. By Emil Ausberg, M.D. Reprinted from *The Leucocyte*. Vol. No. 3.

Caries of the Teeth and Diseases of the Stomach. By Charles D. Aaron, M.D. Reprinted from *The Charlotte Medical Journal*.

Diarrhoea and Bacteria. By Charles D. Aaron, M.D. Reprinted from *The New York Medical Journal*.

The Porcelain Painter's Son. By Samuel Arthur Jones, M.D. Boericke & Tafel. 1898.

Climacteric Insanity. By Amos J. Givens.

OBITUARY.

DR. HENRY A. HOUGHTON.

Henry Arvin Houghton, M.D., after a brief illness, died at his home, 136 Marlboro Street, Boston, January 15, and so ended a life of rare activity, fidelity, and usefulness.

Dr. Houghton was born in Linden, Vt., Dec. 25, 1826. After an academic training he entered the medical school in Philadelphia and graduated in 1852. The same year he married Sarah D. Page, of St. Johnsbury, and commenced his professional work in his native town. He soon removed to Keeseville, N. Y., where he found a larger field which he faithfully cultivated till 1876, when he came to Charlestown. Here his ability and the value of his services were soon recognized and he entered upon a large and successful practice, which he continued until within a few days of his death. In 1890 his wife, who had made his home life beautiful, died. In 1894 he was married to Mrs. Harriet B. Willard, of Keeseville, N. Y. About this time he moved to the Marlboro Street home, where he died. Three sons survive him — Harry, of Boston, Edmund K., of Lexington, and Silas A. Houghton, M.D., of Brookline.

His memory will be long and tenderly cherished in many homes and in many hearts. He was, in very truth, a "beloved physician." To a deeply affectionate and sympathetic nature he joined in large degree close and accurate observation and sound judgment. His lovable spirit and sterling character will make him long remembered by all who knew him. No one ever met him but recognized one of God's real noblemen. He loved and honored his profession and was devoted to his work. A veritable MacLure of Drumtochty, no ride was too long, no weather too severe, no home too humble, if so be he could serve the sick and relieve suffering. When in late years it was suggested that he should leave "charity work" to younger and less busy men, he replied, "My service is at the disposal of any who need it and ask for it."

Modern schools may furnish fuller courses and ampler facilities than those of his time afforded. They will be fortunate indeed if they give to the community men as true and noble.

He has finished his work and entered upon his rest and reward. "Come, ye blessed of my Father; I was sick and ye visited me." N. P. E.

PERSONAL AND NEWS ITEMS.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE AND HOSPITAL. — *Every graduate* is requested to send his name and present address to the Corresponding Secretary of the Alumni Association, in order that the new list of *all graduates* may be complete.

DR. EDWIN S. MUNSON,
Corresponding Secretary.

16 West 45th Street, New York.

WANTED. — A homœopathic physician of ten years' experience would like information regarding a good location in eastern Massachusetts. Would be willing to assist an established physician or purchase an established practice. Address "C. W.," care of Otis Clapp & Son, 10 Park Square.

THE NEW ENGLAND MEDICAL GAZETTE

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COMMUNICATIONS.

THE THERAPEUTIC AND SANITARY USES OF BROMINE VAPOR.

[Read before the Western Massachusetts Homœopathic Society.]

Ten years ago I began to give myself to the experimental study of bromine vapor, and while the time has been passing since then, my experiments with this much-misunderstood but interesting drug have been greatly multiplied and repeated in a great variety of ways. I have tested this vapor extensively upon my own person, and have secured the coöperative and unconscious provings of a goodly number of the old and young of both sexes, and have prescribed it in numerous instances empirically, at a venture, in order to obtain its prophylactic as well as its remedial effects.

I have hardly had leisure to compile a definite and numerical statement of the many cases which have proved this drug under my personal observation, but by gathering together these tests and putting them beside my own experiments have produced ample data from which may be obtained a fair knowledge of the real therapeutic and sanitary value of bromine gas. Therefore, by a careful examination and analysis of this mass of experimental tests, I find that some very marked results are produced by bromine vapor when it is inhaled by a healthy person. When the fumes of bromine are breathed into the air passages of a healthy person its primary action will be anæsthesia of the throat and larynx, but within two or three minutes there will follow an excessive irritation of the eyes, nose, throat, and bronchial tubes,

producing in succession smarting of the eyes with a profuse secretion of tears, sneezing, and copious defluxion from the nostrils, and an intense pungent, pricking, scraping sensation in the throat and larynx, with hoarseness and feeling of dryness, which is attended with more or less strangulation, paroxysms of coughing, and tightness of chest. The pulse will be slightly quickened and the urinary secretion somewhat increased. In a few instances headache is produced, and with rare exceptions sickness of the stomach. All these symptoms soon begin to gradually subside and an increased secretion of mucus and of the salivary glands take place. The throat and air passages feel easier, the voice becomes clearer, a decided exhilaration of the system is experienced, and an improved condition of the whole organism results. Should the inhalation of the strong gas be prolonged or frequently repeated a superficial inflammation of the throat and tonsils will be caused, attended with a white exudate upon the mucous membrane. This bromine inflammation, however, is rapidly recovered from, its exudation is easily detached from the membrane, and its inflammatory action does not reckon among its events suppuration, loss of substance, nor any impairment of the nervous sensibility. In fact, even the diluted vapor produces local stimulation of the tissues, and when it is taken in small quantities a number of times daily for four or five weeks, increase of tone and strength with a laying on of flesh will ensue. In truth, when these fumes are taken in such a degree of strength as to cause great irritability so as to endanger asphyxia through spasm of the glottis, it never leaves behind it any lesion of surface. I make this statement because it is backed up by the fact that I have taken the strong gas in startling doses hundreds of times even to temporary asphyxia, and to such an extent as to produce a coating upon the throat which was in truth a false membrane; and besides, I have given it out indiscriminately to many persons, who have used it at their own discretion, and it has proved to be perfectly congenial in its permanent effects upon each and every individual who has tested it.

That bromine in its common form is hazardous, unsafe, and unmanageable goes without saying, but I have used it without risk or dread of perilous consequences, for the reason that I had made the discovery of a compound where-with the vapor could be managed and used with perfect safety, by even the most inexperienced. On this account my facilities for experimentation with this energetic substance have been rare and unprecedented; and I have come to know that among physicians the therapeutic knowledge of bromine is for the most part an unknown quantity. When we consider the fact that bromine vapor has the quality and power to excite inflammation of and exudation upon the mucous membranes, we are led at once to the conclusion that it is homœopathically indicated for croup, if not diphtheria; and we have clinical facts in ample abundance, which go to establish its remedial value for these diseases. At one of the annual meetings of the New York State Homœopathic Medical Society, many cases of croup were reported by different physicians as having been promptly relieved by bromine after other means of cure had been exhausted, and many eminent practitioners as well as professors of medicine concurred in the opinion that it was almost an unfailing remedy for membranous croup, as well as other forms of the same disease that had no membrane.

It will doubtless be remembered that Dr. Bracelin, a Western physician, practically demonstrated at Chicago some two years ago that chlorine gas would effect the cure of diphtheria where antitoxin had failed, and many other physicians have also reported remarkable recoveries that were treated by the same agent. Now bromine is a perfect analogue of chlorine, and is therefore equally as good a specific for diphtheria as chlorine; but chlorine acts with great violence upon the air passages, producing in them dangerous inflammation. The action of bromine upon the mucous tissues is always congenial, and because it is intermediate in its chemical affinities between chlorine and iodine it is the most available remedy among the halogen vapors for affections of the throat and lungs. High authorities in the alopathic profes-

sion also claim that bromine is a sovereign remedy for diphtheria. And when the numerous provings and tests of bromine vapor that have come under my personal observation are critically examined, the inference which they evoke is direct and inevitable that it is a preventive of both diphtheria and scarlet fever; and more than this, it will protect the mucous membranes of the throat, glands, and air passages against all forms of atmospheric vicissitudes, as well as from the action of specific disease germs. Its employment is also invaluable to persons who are unusually liable to take cold, for I can report cases who have got rid of the tendency to catch cold by the habitual use of this vapor. Again, it may be taken with good effect as a defense from hay fever; and it will afford marked relief to those who have persistent coughs, and who suffer with catarrhal troubles of the nose, throat, and bronchial tubes, for it promotes expectoration from the air passages, and defluxion from the nasal cavities where they are clogged with viscid mucus. Now as nothing can be introduced into the lungs with safety and escape therefrom except it be in a gaseous form, it is absolutely essential that all local applications to the mucous lining of the bronchial tubes should be some kind of vapor; and it can never be claimed that much permanent good has ever been attained by the atomization of liquids or spray producers when used for lung treatment. But bromine being very volatile and its chemical affinities is of such a nature that it is peculiarly adapted to act as a remedial vapor for the air passages. Another point worthy of especial notice concerning the use of bromine gas is the fact that most persons rather like to inhale it. That this unique substance, which chemists claim to have the worst of all odors, and which, when inspired, produces such a powerfully pungent effect upon the mucous tissues, should prove to be a favorite remedy with people for the most part who use it, even though they be refined and fastidious, is a very curious feature, but this fact may be accounted for on the ground that its unpleasant primary effects soon cease, and its palliative and remedial agency continues.

As has been stated, I have made a very extensive use of bromine gas, and have also employed it in order to receive the benefit of its remedial effects upon my own person. Right here, therefore, I will give a brief recital of what I know personally about the bromine vapor treatment.

For many years whenever I took cold, or any form of influenza, a very distressing cough would ensue, and it was a cough that always came to stay. In summer the cough would abate, in winter it would recur again, and each successive return of cold weather would bring on with increasing severity the dread cough with expectoration. At length the affection was productive of such violent fits of coughing and wasting of flesh that bronchial consumption was fairly established. After the cough and expectoration had been continuous for two years I was induced to go to Colorado to seek relief by change of climate; in two weeks after I reached that State the cough ceased, but it came on every winter while I lived in the West, yet it was less severe. As the water in that country was strongly alkaline I was taken with a persistent chronic diarrhœa and was compelled to return East. The second winter after I came back the cough reappeared with its old-time violence. As my system seemed to have no power of resistance against the rigor of our New England winters I was constrained to again seek a more congenial clime. As I had learned by experimentation that bromine vapor was remedial in its effects upon the larynx and bronchial tubes, and could be freely used with perfect safety, I had recourse to its systematic employment, and soon discovered that it was a most potent agent of defense against those atmospheric elements and influences that produce such harmful effects upon the mucous membranes of the air passages. And now whenever I feel a tickling in the trachea, which is invariably a precursor of a protracted bronchial complaint, I resort at once to the use of bromine gas, and the mucus is rapidly loosened, the cough quickly disappears, and recovery takes place. Now I have been a strict observer of the laws of hygiene for many years, and yet the predisposition of the mucousmembranes to be easily

injured by adverse atmospheric influences seemed to augment rather than decrease. Hence I can attribute my immunity from cough and constant good health for the last two years to no other means but the liberal use of bromine vapor.

The points of therapeutic value of bromine vapor may now be summed up: as a remedial agent and palliative for membranous and all other kinds of croup, diphtheria, grip, influenzas, chronic pharyngitis, laryngitis, and bronchitis, catarrhal colds, hoarseness, coughs, and asthma; for the prevention of scarlet fever, diphtheria, hay asthma, and all affections of the air passages produced by climatic changes of the weather or by disease germs.

The sanitary value and advantages of bromine vapor next require consideration. As a deodorant it is unsurpassed; it searches out and destroys offensive odors in the atmosphere, and is endowed with the peculiar property of chemically uniting with and decomposing noisome smells, and at the same time its own odor is proportionately removed. It decomposes sulphurated hydrogen gas, phosphorated hydrogen gas, and all other gaseous compounds which are liberated by putrifying animal and vegetable matter. Its fumes are rapidly diffusive, penetrating every crevice and secret cranny, and they also act with intense energy upon all organic materials. Numerous instances can be cited where it has conspicuously displayed its superior deodorizing power, as, for instance, after the terrible Johnstown flood, where it was found that no other deodorant would destroy the fearful smell that proceeded from the dead bodies that were covered with *débris* but bromine, and six thousand pounds of it were used for that purpose. Again in New York when a large number of old sewers were opened for repairs, which being replete with unbearable stench and deadly gases no workmen would enter them; and after all the well-known deodorants had been tried, and tried in vain, the city chemist recommended that bromine be used, which when applied destroyed all the noisome smells at once. And time would fail me to tell of the many rooms where the air was so pervaded with offen-

sive odors as to fairly sicken persons who entered them, and the same apartments were rendered perfectly sweet and wholesome by liberating within them a small amount of bromine gas. But bromine vapor is not only a powerful aërial deodorant: it is also a thorough atmospheric purifier. If we place a bottle of bromine with the stopper removed in a close and badly ventilated room, and allow it to remain there over night, in the morning its atmosphere will be pure and wholesome as the open air. The purifying properties of bromine gas are doubtless due to the fact that it carries with it so much oxidizing power. Some of our later textbooks teach that the halogens are powerful oxidizers, and the formation of an acid is not dependent on oxygen, and that the haloid acids H. Cl. H. Br. and H. I. contain no acids; they, however, possess all the properties of acids, and oxidation is not only induced by free oxygen or substances rich in it, but is also produced by the halogens. The agency of an impure atmosphere towards producing depression of the vital forces is well known. It therefore becomes a matter of necessity for persons who are seriously ill that their rooms should be kept constantly oxidized or replenished with pure air. It often happens that patients stricken with malignant diseases have to pass their illness in close, pent-up rooms and are compelled to inflate their lungs day after day with a gas-laden atmosphere, replete with impurities, infections, microbes, and insufferable smells which are the inevitable concomitants of putrid diseases; and it will therefore greatly enhance the chances of recovery of persons ill with such pestilential complaints to keep the air of their rooms charged with the fumes of bromine. But bromine gas is not only a powerful atmospheric deodorant and purifier: it ranks as being one of the most effectual of germicides. Official tests which have been made by the most eminent bacteriologists in order to determine the action of this drug upon micro life prove it to be one of the surest germicides known to science. The celebrated Dr. Koch, of Berlin, reports that according to his own tests of many disinfectants the only certain germicides are bromine, chlorine, iodine, and corro-

sive sublimate, and that bromine as concerns rapidity of action is superior to either chlorine or iodine.

The sanitary uses of bromine vapor may now be summed up. It should be employed for oxidation and purification of unventilated sick rooms, the decomposition of pernicious gases, and for rooms of persons having communicable diseases, where effluvia or diseased virus is constantly thrown off from the bodies of the sick, besides the dry dust and other impurities of such an atmosphere; the secretions and excretions of patients and sickening odors of persons who are ill with smallpox, malignant diphtheria, scarlet fever, cancerous and gangrenous sores.

The vapor is produced by a combination of the following drugs:—

Bromide of potassium,	6 oz.
Permanganate of potassium,	4 oz.
Sulphate of aluminum,	2 oz.

and prepared as follows:—

The permanganate of potassium should be used in the crystal form. The bromide of potassium and sulphate of aluminum may be ground to a coarse powder. Mix these three ingredients together and the mixture will be a compound powder that can be kept indefinitely in a wooden or paper box so long as it remains in a dry place. When this powder is dissolved in either hot or cold water, a decomposition will ensue, and free bromine will be evolved.

In order to produce the vapor in a form convenient for inhalation, one tablespoonful of the powder may be put into a one or two ounce bottle, to which should be added one half a dram of cold water, and after the bottle has been corked and well shaken, the vapor will be ready for use. When using the gas for remedial purposes it may be breathed into the air passages through the open mouth, as well as through the nostrils, directly from the bottle. The bottle thus prepared can be carried in the pocket and the vapor may be inhaled from it many times a day, taking five or six moderately weak inhalations at a time.

Whenever it is desirable to render the elimination of the

vapor gradual and continuous in a volume that can be safely employed in rooms occupied by the sick, two tablespoonfuls of the powder may be put into an earthen or glass vessel, and two drams of cold water turned upon it; and after the powder has been thoroughly stirred it may be placed in the room, and by often stirring, the vapor will be slowly and constantly evolved. Sometimes it will be requisite to keep three or more receptacles of the moistened powder standing in the room, for the vapor should be used thoroughly and freely enough to preserve the atmosphere fresh and wholesome and thus constantly keep the abnormal replaced with normal air.

RELATION OF THE PHARMACOPŒIA TO THE QUESTION OF POTENCY.

BY J. W. CLAPP, M.D.

[Read before the Hughes Medical Club.]

An effort is being made to prejudice the minds of physicians who use the higher dilutions against the new Pharmacopœia, for the reason that it fails to include rules for the preparation of dilutions from triturations of insoluble substances.

It should be understood that the potency question is entirely foreign to the pharmacopœia. This work deals with drugs and their conversion into medicines. It considers their value only as pharmaceutical products. When we study their value as therapeutic agents we go outside the province of pharmacy. The Pharmacopœia gives rules for the preparation of attenuations which, if followed, will insure accuracy, but it in no way limits the degree of extension.

Dilutions made of what are regarded as insoluble substances were omitted from the new Pharmacopœia because they are not well-defined pharmaceutical products; in other words, they are not what they are claimed to be or what the labels indicate. Hahnemann, when he introduced these dilutions, considered that after triturating a metal or other insoluble substance up to the third centesimal attenuation,

the particles reached such an infinitesimal (incredible) degree of fineness as to become soluble. Improved methods of examination by aid of the microscope have clearly and unmistakably demonstrated that his conclusions were incorrect; that while the process of trituration will yield particles of a minute degree of fineness, still there is a limit of divisibility by this method of grinding. The results are not sufficient to cause solubility, or even to admit of the particles being held in suspension for any great length of time. It may be said, however, that this does not prove that such substances are entirely insoluble. On the contrary, it is claimed that reliable authorities now consider that many metals heretofore regarded as entirely insoluble are to a limited degree soluble, and evidence of the fact is cited, such as the presence of gold in sea water, and the effect of the presence of metallic copper in water containing certain forms of algæ as reported by Nageli and others.

But these proofs are not by any means conclusive, as they fail to demonstrate that metals are soluble in their metallic form; in fact, the weight of evidence shows that they must undergo chemical change before being taken up in solution. While gold is undoubtedly present in sea water, it has not as yet been found as metallic gold, but always in combination with iodine, bromine, or chlorine. The experiments of Nageli and others with pure copper immersed in a jar of water containing *spirogyra* resulting in the destruction of the algæ is of great interest, but it should be remembered that further examination of the solution has demonstrated that the copper was taken up as an oxide and not as metallic copper. As water contains more or less of free oxygen, the resulting oxide is not difficult to explain, and the further presence of free carbonic oxide found in most water may in other cases account for the presence of metals supposed to be insoluble.

It must be accepted that the question of solubility of gold, copper, and other metals is still a disputed one, with the weight of evidence in favor of a necessary change into a soluble salt before solution can take place. Even if we

should admit that all metals and, in fact, all substances are to a certain degree soluble in water or alcohol, it would appear reasonable that we should first ascertain the degree of solubility before we officially recognize such solutions. If not, we disregard one of the fundamental objects of a pharmacopœia, which is to give official recognition to such drugs and drug preparations only as are well defined and of known drug strength.

Doubtless it will be argued that these dilutions were introduced by Hahnemann and have been in use by most homœopathic physicians since his day, and that they have become a recognized form of attenuation.

While it is true that in the past most, if not all, of the homœopathic profession have used dilutions made from insoluble metals, it can be safely stated that to-day not more than fifteen per cent of the homœopathic physicians of this country employ them. It should be taken into consideration also that Hahnemann never contributed to our literature any work in the nature of a pharmacopœia. His directions for the preparation of medicines were given to us in the form of hints and rules of action, and are found scattered throughout his writings.

Accuracy in every detail should be the invariable requirement in everything pertaining to homœopathic pharmacy, not only in the preparation of tinctures and attenuations, but also in the denomination of strength. The method of preparation should be demonstrably true, that is, based on scientific methods, and the indicating mark should tell the exact truth. This, at least, should be the rule applied to preparations recognized as officinal in our pharmacopœia. Attenuations in the form of dilutions made from insoluble substances by Hahnemann's method cannot be brought within this rule; consequently no matter how high a therapeutic value we may place upon them as medicines, we should be content to regard them as non-officinal preparations, at least until such time as we have determined their composition and strength.

To obtain a clear idea of the question at issue, let us by

way of illustration consider the method of preparing a dilution of metallic copper and study the results obtained. Hahnemann directed that one grain of the third centesimal trituration of the metal be dissolved in 50 minims of water, then that 50 minims of alcohol be added. This would make the 4c dilution, the 5c being made by adding 99 minims of alcohol to 1 minim of the 4c dilution.

Let us first consider for a moment with what a minute quantity of drug we have to deal in the 3c trituration. This single grain contains but $1/1,000,000$ part copper, and if all the particles were brought together in one aggregation they would take up less than $1/10$ millimeter in space; in other words, its diameter would be less than $1/250$ of an inch. A minute point or mark made with a pen or pencil point would indicate its size, and yet this quantity of metal is minutely divided and diffused throughout the grain of trituration.

Now as to the actual size of these drug particles. This is easily ascertained by the use of the microscope and the proper accessories, which reveal the fact that the smallest particles measure from $1/2,000$ to $1/3,000$ of a millimeter, equal to from $1/50,000$ to $1/75,000$ of an inch, an extreme degree of fineness surely, but limited, as will be found from the results of further experiments, which have shown, first, that this is not sufficiently fine to admit of their being dissolved; second, that when added to water or alcohol they will remain held in suspension for but a limited time; and third, that no amount of succussion will further divide these metallic atoms.

If the results of these investigations are correct, we find that we cannot extend attenuations beyond the sixth centesimal (12x) for the reason that, provided all the copper were reduced to particles of an average size of $1/3,000$ millimeter in diameter and equally distributed throughout the menstruum — which, of course, is an impossibility — each minim of the 13x attenuation would contain but a single particle of the metal. Even the fifth or sixth centesimal dilutions to be of value require agitation to hold the drug particle in suspension.

Now if these dilutions possess value as therapeutic agents, it is doubtless due to the fact that the free oxygen contained in the menstrua has furnished the means of making a soluble salt of copper, and as a result we have a solution, — but not of the drug for which our label calls, as this is an attenuation of cuprum oxid, not cuprum met. Having determined this fact, should we not therefore start with cuprum oxid in the preparation of our attenuations and make them in accordance with the methods laid down in our pharmacopœia, thus securing dilutions of known composition and strength?

Many of the metals regarded as insoluble in the metallic form are unquestionably easily oxidizable, and even in the process of trituration are more or less changed in chemical composition. Is it not reasonable to assume, therefore, that a careful study of this class of preparations will enable us to ascertain their exact composition and show us methods of securing well-defined solutions worthy of acceptance in our pharmacopœia?

I think you must agree with me that the committee was fully justified in omitting this class of attenuations from official recognition in the Pharmacopœia.

As we are considering the effort to secure accuracy of methods by the introduction of our new Pharmacopœia, it will not be out of place to refer to another most important reform to be gained by its introduction. This is the adoption of the decimal scale of notation to the exclusion of the centesimal, at least as applied to all attenuations below the thirtieth. The use of the dual system as practised at the present time in New York and Philadelphia leads to endless confusion and many errors. In New England and in the West the decimal system for making the lower attenuations has for years been in use by many pharmacists both in their preparation and in the denomination of strength; while in the Middle and Southern States the centesimal has been the recognized standard up to the present time, and is still used by most pharmacists.

It is the layman who suffers most from the dual system.

As a rule he is not familiar with the marks denoting strength and is therefore easily deceived as to the value of his medicines. To illustrate: he may purchase a vial of *nux vomica* of the common strength used in homœopathic practice in an Eastern or Western city. If he purchases at a homœopathic pharmacy he will receive the 3x, representing a strength of $1/1,000,000$ (a few exceptions to this rule are to be noted, however). If he visits the apothecary whose stock is usually supplied from New York or Philadelphia, he will receive a vial marked "*nux vom. 3,*" and its strength would represent $1/1,000,000,000$. If the medicine purchased were *aconite* or *belladonna*, the actual difference would be much greater, as one would represent $1/1,000$ and the other $1/13,000,000$, this difference being due partly to methods of preparing the tincture and the estimate of strength.

Now it seems to me that to offer as an excuse for tolerating this condition that "it does not make much difference what the strength is so long as they get the right remedy" is a grave reflection on homœopathic methods which should evidence accuracy in all their processes. And, further, to argue in favor of the old centesimal system and the use of the weaker medicine on the ground of safety to the laity seems to me unreasonable, as at least eighty per cent of the homœopathic physicians of the country use the third decimal or stronger in a majority of their prescriptions, and there is not a drug commonly used in domestic practice of which the third decimal attenuation would be likely to do injury.

The old Dutch farmer's objection to giving up the use of the wooden plow as it had served his ancestors and should serve him seems to define the position of those who now oppose the acceptance of the new *Pharmacopœia*.

TREATMENT ON CONJUNCTIVITIS AND PHLYCTÆNULAR KERATITIS.

BY GEORGE A. SUFFA, M.D., BOSTON, MASS.

[*Read before the Boston Hemæopathic Society.*]

According to statistics, about 30 per cent of diseases of the eye are confined to the conjunctiva, and are mostly inflammatory, varying from simple congestion — periodical, or more or less constant — to severe suppurative types. Simple congestion is usually due to eye strain or irritation due to some nasal condition, and treatment must be directed to their correction. In all forms of conjunctival inflammation, congestion and abnormal secretion always exist, and on the latter characteristic particular stress must be laid, and it cannot be too strongly emphasized that abnormal conjunctival secretions are usually contagious, and that in the purulent type the contagious element is a micrococcus of a distinct character.

As there is a large variety of types of conjunctival inflammation, and as the time I feel it right to take in the bureau is not sufficient to consider all, I have selected those that are most common and most important, that is, catarrhal conjunctivitis, purulent conjunctivitis, and phlyctænular conjunctivitis.

In the catarrhal forms the usual symptoms are heat, gritty feeling in the eye, mucous secretion, more or less marked, mixed with tears, and there may be some swelling of the lids. Under this head comes the form spoken of as pink eye, which is usually endemic.

In all catarrhal forms there is a notable tendency to spontaneous recovery. But if left to itself under unfavorable surroundings, especially in cachectic persons or those of bad habits, it may become chronic, granular, or even suppurative. In old persons it shows a particular tendency to become chronic, even under treatment, and when such a case presents itself it is exceedingly rebellious.

In treatment, first of importance is scrupulous cleanliness; that is, thorough irrigation with a saturated solution of boric

acid — done in a way to remove all secretions — from one to six times a day, according to the severity of the case. Ice cold compresses of the same solution are grateful if excessive heat is present. If the secretions are acrid simple cerate should be applied to the irritated or excoriated parts. These cases should not be allowed to mix with others, in order to prevent spreading the disease and also to prevent exposure to more serious infection. Towels should not be used in common with others. Use of eyes should be limited or prohibited in severe cases. In many of the text-books various astringent solutions are recommended in the acute forms. In my opinion they should not be used; they are not only unnecessary, but often harmful. The proper use of the boric acid solution, with the indicated remedy, gives the best results during the attack. And the removal of any local cause, whether ocular, nasal, or more remote, is necessary to prevent subsequent attacks.

I will not give the indications for each remedy, but simply name those more commonly used, and for their symptomatology refer you to the works, "Ophthalmic Therapeutics," by Norton, and "Therapeutics of the Eye," by Boyle, where a large number of remedies and their characteristics are given. Aconite, allium cepa, arsenicum alb., belladonna, euphrasia, graphites, hydrastis, ignatia, kali. bichromicum, phytolacca, pulsatilla, staphisagria, and sulphur are the remedies usually indicated.

Under purulent conjunctivitis I shall only consider ophthalmia neonatorum. This much-to-be-dreaded disease, coming, as its name signifies, in the newborn, more often among the poorer classes, has, in the past, been the cause of a large percentage of the blind. Although it is generally acknowledged that the origin of the contagion is contained in the morbid vaginal secretions no systematic method of examination of these secretions, or universal method of preventing the infection of the eyes of the newborn is practised in this country, even some of the hospitals still being lax in this measure. And this is surely so in general practice among the poorer classes, for we still see too many of these cases in our dispen-

sary eye clinics, and unfortunately usually too late to prevent permanent evidence of the disease. A large percentage of these cases are brought by the students who attend obstetrical cases (I am now speaking of my own clinic), and this indicates that there is an error in the present system which should, and can be, corrected, and that none too soon. Just where this blame lies I am unable to state; but certainly measures should be taken for its correction without delay.

We as a school and certainly as oculists are handicapped in the treatment of these unfortunate ones in not having a place where these cases are accepted so as to remain in our hands, neither our hospital nor dispensary being fitted with rooms to receive these cases. It does seem that so large a body of physicians as our school represents should be provided with facilities to receive these cases, and I enter a most urgent plea that such rooms be provided at an early date.

Twelve States have laws requiring compulsory reports of all cases of ophthalmia neonatorum to the proper authorities. If this legislation were to be made general, it would not only greatly decrease the number of blind in our public institutions, but be a direct saving of many million dollars.

In the foreign lying-in hospitals immediate attention is given to the eyes of all newborn babes. The outer surfaces of the lids and lashes are washed with a 3 per cent solution of carbolic acid and a single drop of a 2 per cent solution of nitrate of silver is dropped into each eye. At Credè's Leipsic Lying-in Hospital, where this method was first practised, the percentage of cases fell from 14 per cent to 0.2 per cent.

In no eye disease are prophylactic measures of more importance; and it cannot be too strongly urged that we should use every means within our power to this end. This should include microscopic examination, shortly before parturition, of vaginal secretions that show the least abnormality, as well as the ocular treatment of the newborn as above described. Should gonococci be present most vigorous treatment should be employed both as regards mother and child, and careful instruction given the mother and the attendant to avoid infecting either the child's eyes or their own later.

This disease in the newborn varies in no wise from the form contracted in later life, except that the later is even more virulent. Incubation is rapid and manifests itself within three days by intense heat and pain in eyes, redness and swelling of the lids. At first the secretions are watery, soon becoming creamy; the ocular and palpebral conjunctiva is reddened and swollen, chemosed. The cornea may remain clear throughout the attack; but the preservation of its integrity becomes the object of anxiety. Its invasion may be shown by a spot of haziness, a diffuse infiltration, direct ulceration, or by a sudden breaking down of the whole cornea.

If one eye only is involved the other should be sealed in the usual way, by adhesive plasters and a watch glass. If the case is seen during the early stage of incubation, before the germs have become firmly lodged, I believe it is good practice to use, for a first treatment, either a bichloride solution 1 to 2,000, or nitrate of silver solution one half per cent freely, after the eyes have been thoroughly irrigated with a boric acid solution, and this to be followed with iced compresses. Boric acid irrigations should be used every fifteen minutes until all secretion ceases. As soon as the secretion becomes creamy the ice compresses should be discontinued and heat applied in their stead.

It is in this stage that 2 per cent solution of nitrate of silver is used once in twenty-four hours. This should be applied to the whole conjunctival surface with a brush. And, care being taken to avoid the cornea, the brush should not carry a surplus of the solution, to escape running over the cornea. If difficulty is experienced in everting the lids, Desmarre's retractors should be used to raise the upper lid.

Cerate should be applied to the lids if excoriations are threatening. If the cornea becomes affected, especially if infiltrations be deep and perforation threatens, atrophine should be used. If the ulcer is peripheral eserine is recommended. Application of nitrate of silver is not contra-indicated by corneal involvement. Arsenicum alb. and belladonna are the principal remedies indicated until the discharge

becomes creamy. In the purulent stage argentum nit. gives a complete picture and should be the remedy *par excellence*. Apis mel. may also be indicated; hepar sulph. if destruction of cornea is threatened; mercurius if discharge is thin, acrid, and excoriating, lids much swollen, particularly if there is a syphilitic taint; pulsatilla if the discharge is bland yellow and profuse; rhus tox. if lids are dark red and spasmodically closed; sulphur if there is profuse, yellow, purulent discharge.

Phlyctænular or scrofulous conjunctivitis constitutes a large percentage of conjunctival inflammations. It appears on any part of the conjunctiva in one or more elevations filled with a clear secretion becoming cloudy at the apex of the red triangle, the surface soon breaking down and forming an ulcer. The prominence and redness subside and regeneration is rapid. In uncomplicated cases, subjective symptoms are not marked. Objective symptoms are inflamed sections radiating towards the equator from the phlyctænule, each having its separate area of redness, triangular in shape; secretion is slight if at all present; duration is from one to three weeks. When located at the limbus, especially if multiple, marked subjective symptoms may be present; lachrymation, pain, photophobia, swelling of the lids, muco-purulent secretion, etc., showing that the periphery of the cornea is involved, and that the condition has become a keratitis, and should so be classed.

Treatment during the active attack is free irrigation, once a day with a boric acid solution, or several times a day in severe cases; and the indicated remedy. The remedies I have found of most use are the mercurials and the calcareas. As the keynote to the condition is scrofula, the after treatment becomes of the utmost importance. And as all of these cases are below par, not only should the indicated constitutional remedy be given for a long time, but all means should be employed to bring about a perfect state of health. All fried foods, pastries, candies, etc., should be prohibited. Recourse should be had to good, nourishing food, systematic exercise out of doors, well-ventilated rooms, especially at

night ; only moderate use of the eyes should be allowed, and all eye strain removed.

In phlyctænular keratitis we are dealing with disease identical with phlyctænular conjunctivitis, but on account of the tissue involved and by virtue of its construction and position the disease presents a more serious aspect. Any phlyctænule involving the cornea proper will always leave permanent evidence — corneal opacity ; and the nearer the centre of the cornea, the more baneful will be the effect.

The course is the same as phlyctænular conjunctivitis, except that it is of longer duration, and the symptoms, both subjective and objective, are more pronounced, and evidence of its presence usually remains. The hyperæmia of the conjunctiva may be confined to a limited space or be general ; lachrymation, always present, may become muco-purulent if the conjunctiva is markedly involved ; the ulcer may be superficial, involving only the epithelium, or extend into or involve the whole thickness of the cornea, causing perforation ; pus may be present in the anterior chamber, and the inflammation extend to the iris or deeper structures. The lids are often inflamed and swollen, spasmodic and excoriated. Heat, pain, and photophobia are always present.

Treatment in these cases must be local and constitutional and vigorous. Free irrigation with a solution of boric acid every few hours ; instillation of atropine at least once a day in severe cases ; bandaging between the dressings in severe cases ; if the ulceration tends to extend, either touching with strong carbolic acid, curetting, or cauterization of the ulcer may be demanded.

Most of the text-books advise instillations of sulphate of eserine if the ulcer is marginal and at the same time atropia once a day to prevent adhesions of the iris. To the use of eserine I most strenuously object, considering the drug very irritating to the iris, and capable of precipitating an attack of iritis. There is already sufficient danger of iritis from the disease itself, without adding a drug that is so treacherous in its action. Only when there is positive evidence of perforation should a myotic be used, and then I should recommend

pilocarpine, as I have found it less irritating in the few cases where I have used it. Cocaine is also recommended. Here again I object, especially if the ulceration extends over considerable surface ; for the benefit of lessened pain and photophobia is more than offset by the destruction of corneal epithelium and prolonged duration of the attack. I have seen several cases kept active by its use, and resolution rapid as soon as the cocaine was discontinued.

This form of inflammation is most common during childhood, and in children who are cachectic, flabby, ill-nourished, those who do not assimilate their food properly. Consequently treatment does not cease as soon as the eye disease is cured, but must be continued until proper equilibrium is established. The same general treatment applies here, as in phlyctenular conjunctivitis, that is, plain, nourishing food at regular intervals, bowels kept regular, a proper amount of sleep in a well-ventilated room, systematic, out-of-door exercise, with only a limited amount of close application. All eye strain should be corrected ; the nasopharynx carefully examined and abnormalities cured ; the teeth kept in good condition ; in fact, the whole economy kept under supervision, and restoration to health aided in every way ; and, last but not least, the indicated remedy should be prescribed and continued until perfect health has been established. The remedies I have found of most benefit are the mercurials, rhus tox., and hepar sulph. in the active forms ; and the calcareas in the indolent forms.

During the after treatment many other remedies may be needed. But as the indication for each would make this paper unnecessarily lengthy, I again refer you to the works of Drs. Norton and Boyle, where the remedies are classified and arranged in a most thorough and useful manner, in relation to disease of the eyes.

THE PHYSICIAN AND THE PUBLIC SCHOOLS.

[*Read at the Annual Meeting of the Rhode Island Homœopathic Society, January 13, 1899.*]

In presenting a subject of this character to the society this afternoon, I trust that I may draw your attention for a short time from the brilliancy of operative surgery, and the triumphs and oftentimes defeats of clinical medicine, to a practically new yet thriving branch of our lifework, in which we should all be specialists, namely, preventative medicine or hygiene. I have chosen the subject advisedly as five physicians of our own society are school committee men, besides a number of others who have retired from active and yeoman service upon school boards. I hope, also, that this article will be prolific of much discussion from which I expect to obtain knowledge for myself and information for others. A true physician is not only a master of the science of healing and a prescriber of drugs, but he is also a teacher, and as such he cannot do better service for the community, as a whole, than serving as a member of the school board. I will not even except the public board of health.

One has said, and I hope it is true, that physicians are generally men of good judgment, and are not so apt to be biased in their opinions on account of their dealing with all sides and conditions of humanity. It is true that it takes time to serve upon a school board, but every true American owes a certain duty to his town, city, and State. If we, however, cannot conscientiously serve as a committee man, let us for humanity's sake take an interest in the public schools by visiting them, and interesting ourselves in the health and welfare of the child. I believe that physicians can do good work upon the school board, because the trend of education the past few years has been, in my opinion and that of others, to develop the mental and allow the physical side to take care of itself. It was a retrograde step to abolish the recess. Although I can see some advantages in its discontinuance, yet open air and free exercise without restraint far offset any other plea for the abolition of the recess. It is true that physical culture, of which I shall speak later, is of great ad-

vantage to the health of the child, yet I think that running about in the open air, the absence of that restraint keeping the nervous child keyed up to its highest mental perception, the rest to the teachers, and the proper and complete ventilation of the schoolroom for fifteen minutes can never be replaced by gymnastic exercises of five or ten minutes in the schoolroom with the windows open. One of the highest authorities upon the hygiene of the child says that physical exercise under restraint can never be as beneficial as free exercise. Again, the hours of study. Are the children spending too much time in the schoolroom? Why do we have so many nervous school children? Are we teaching the child too many branches and overworking him mentally? The dangers of free text-books from contagion. Who is better qualified to answer and assist in arranging such work than a family physician of all-round experience?

There are three special subjects concerning the relation of the physician to the public schools of which I wish to speak this afternoon. The first of these is in regard to vaccination. The subject of vaccination has been indeed a very trying and annoying one to me, and I could never seem to answer satisfactorily the pleadings of my anti-vaccination patients, the needs or advantages of vaccination in order that their children might attend the public schools. In the ratio of the financial status of my patient, my arguments seemed to be more and more puerile. Finally, upon referring to the statute law of Rhode Island in regard to the subject, I found it was indeed very clear, very plain, and if I may use the expression, too plain; so that I could say to my objecting patient, if you wish your child to attend the public schools he must be successfully vaccinated.

GENERAL LAWS — CHAPTER 65.

Section 1. No person shall be permitted to attend any public school in this State as a pupil, unless such person shall furnish to the teacher of such school, a certificate of some practising physician that such person has been properly vaccinated as a protection from smallpox, and every teacher in the public schools shall keep a

record of the names of such pupils in their respective schools, as have presented such certificate.

It makes no difference what you or I think of the law, whether we approve or disapprove of vaccination, it is summed up as follows: To attend public school you must be successfully vaccinated, and the Supreme Bench of Connecticut, I believe, has upheld this statute that a child cannot attend school unless vaccinated, and that the school board is not obliged to accept an unvaccinated child.

If we wish to join any secret organization we are obliged to go through certain initiatory processes, disagreeable or otherwise; if we wish to own property, we must pay taxes, convenient or not; if we desire our child to attend the public schools he or she must be successfully vaccinated, if we do that which is lawful and legal. I should indeed hesitate to accuse any physician here present of signing a vaccination certificate when he knows that the child has not been vaccinated.

Yet I know of its having been done, and why is it not as great a crime as forging a man's name to a note? The statute law is weak, however, in one respect, and perhaps purposely so in order to avoid deceit. I mean in this point, that for children who are immune to vaccination no provision is made, as you can hardly say that they have been successfully vaccinated.

Still I think when a child has been through the process of being vaccinated a number of times at different periods of its life without success that we would be justified in signing the regular vaccination certificate. Allow me right here to suggest to the physicians that they use the regular prepared vaccination blank, which may be secured from the school superintendent. If, however, you should use a homemade blank, so to speak, be sure and insert either the words "duly" or "successfully vaccinated."

In our city we will not accept a blank which does not contain either "duly" or "successfully vaccinated," as we have evidence of physicians filling out such blanks when no attempt at vaccination was ever made or was ever intended to

be made. The question may be properly asked, "Does the school board have the power to exempt from vaccination?" Legally, no, but to a certain extent it is done where physicians certify that the health of the child is such that vaccination at the time would be injurious. Yet unfortunately this opinion is taken advantage of by anti-vaccinationists and children in perfect health are given this certificate. This is not right and makes much trouble; why should your child be excused because you have a "political pull" and my child be compelled to be vaccinated? In Pawtucket I introduced a special blank in which the physician is obliged to give the reason why the child is excused, and for what length of time. That this was necessary is evidenced by the fact that over 150 pupils were vaccinated who never had been, and that of 4,000 school children only thirty had used these special excuses, and to my knowledge only four or five have left school.

This question naturally follows, I think: Are there diseases which make it detrimental to the health of the child to be vaccinated? If so, what are they? A leading physician very aptly replied that a child who was physically unable to be vaccinated was physically incapacitated from attending school, and should not be allowed there. Personally I have excused children in whom I was afraid of a scrofulous outbreak as suppurating cervical glands. More especially am I afraid of trouble in thin, light-complexioned, fair-haired children; in exaggerated cases of eczema, and after any severe debilitating illness as typhoid, scarlet fever, diphtheria, etc.

I hardly believe that the physicians understand that they are practically evading the law when they excuse patients from vaccination, and I think if they did so understand the law they would be much more careful to whom they gave such certificates. And now I am led, trembling, to the old, old, time-worn, threadbare question, Do you believe in vaccination? I hope that the society will forgive me, because I am young and inexperienced, for introducing this subject, but the repeal of the vaccination law in England has again aroused the anti-vaccinationists the world over to renewed life and vitality.

Because a political deal could not be worked in any other way the home of vaccination has renounced the teaching and wonderful results of the discovery of Dr. Jenner. Should we not, as true physicians, as teachers, show to our patients, if only by statistics, what vaccination has done and is doing in overcoming smallpox?

With the voluminous statistics of the day, it seems impossible for one not to believe in the efficacy of vaccination properly performed.

It would hardly seem necessary in an assembly of this kind for a member of the school board to ask for less criticism and a little more charity towards the introduction of physical culture in our schools, yet the harshest critics that we have are the physicians themselves. It is true that physical culture under any system as it is taught at present is not all that could be wished, yet I think it is a big jump in the right direction.

It is in the high school, I believe, that the greatest good can be done, especially at the age of puberty, and we notice the round shoulders, the loping gait, the spinal curvature, the prominence of one hip with the corresponding depression of the other combined with the limping gait, and, last but not least, signs of the tubercular diathesis. Then I believe is the time that proper calisthenics and gymnastics will do its greatest work and save many a boy and girl to a life of better influence and greater ability because they have a good and firm physical condition. Medical inspection can do its best work in the primary and grammar grades, while physical culture should be prominent in the high school instead of discontinued, as is done, I believe, in some cities. One objection, I believe, is the danger of overheating the body from active physical exercise and the liability of "taking cold" from sitting in garments wet with perspiration.

Yet in our city we have been able to give the Robert's dumbbell drill and light work on the horse and parallel bars without much trouble and any such danger. I think, however, that better results could be obtained at a comparative small cost, so that the ordinary clothing could be changed for a

light gymnasium suit, and then after the work a shower bath could be taken. Physical culture exercises should be given at least twice a week in order to avoid lameness and stiffness. In work of this kind a physical examination of the pupil is necessary, and thus avoid any trouble from weak hearts or lungs, and, if necessary, special gymnastic work can be given. It will not be many years, I believe, when such work will be done in every high school throughout our land, especially if the medical men will support and agitate the subject. Do not, I beg of you, excuse a pupil from gymnastic work unless there is some physical infirmity, and do not be browbeaten into excusing this child because the parent objects to anything so undignified. What applies to boys should in a certain sense be applied to girls. Calisthenics, exercises, drill with wands, etc., do an immense amount of good towards building up a firm and elastic carriage, and gives a good physique. Show to your patient the advantage of having his son and daughter do these exercises, however simple; tell him what is being done along that line, and the hue and cry about "fads" in public schools may still continue, but physical culture will be considered an essential.

And now, if you please, I will refer briefly to the third subject, in which I think every physician will be vitally interested; I refer to medical inspection of schools. I believe the time will soon come, if it is not now at hand, when every child upon entering school shall undergo a physical examination. This should include testing both the eyesight and hearing, the condition of the throat and nasopharynx, examination of the lungs, heart, and spine, and observing at the same time the mental aptness of the pupil. We should also observe any tendency to tuberculosis, scrofulous glands, the presence of extensive lesions as eczema, claimed by some writers to be contagious; syphilitic eruptions or manifestations, tinea favosa, circinata, or tonsurans, the itch, or any other conditions not as common but considered transmittible by contact. This may seem to some of you as though it was giving too much liberty to the medical inspector, but in case a pupil should present a certificate from

the family physician of good standing giving a clean bill of health, so to speak, it should be accepted. The plan is then suggested, and is now carried out in some of the large cities, for the teacher each morning to have the children who do not seem well, kind of "dumpish," so to speak, or suffering from a headache or sore throat, to wait in an anteroom until the inspecting physician arrives, when he shall decide by suitable examination whether the child shall remain at school or not. There is no treatment given whatsoever; the physician only decides instead of the teacher whether the pupil should continue at school that day.

At these visits the inspector can observe how the ventilation of the room is being cared for and see if the building is being kept in a clean and sanitary condition. Such inspection, especially if it could be combined with a physical examination upon entering school for the first time, would have a great influence in preventing epidemics of scarlet fever, measles, whooping cough, and diphtheria, but it would have a much greater benefit in giving the myopic, the deaf, and the deformed child an opportunity not only to become mentally equipped, but also to attain a better physical education and condition. I thoroughly believe that this work could be done if the State, city, or town would properly pay a respectable physician for so doing. If the physicians as a body, instead of bemoaning the abuse of medical charities, would compel civil authorities and hospitals and public institutions to pay them a fair and just fee for services rendered, there would not be so much complaint throughout the land in regard to such abuse. Why should the city expect a physician to give his time, experience, and labor for practically nothing any more than they should expect coal and fuel to be supplied gratis? Yet I think if a medical inspector could be fairly paid and removed from political controversy, it would be a great help and influence in the public schools of this or any State.

In conclusion allow me to sum up this paper as follows: If I have awakened in your hearts any interest in the welfare of the public schools I shall have done well. Do not get pro-

voked with the teacher if your vaccination certificate is returned as not satisfactory ; the teacher did not make or pass the vaccination law.

Do not excuse this pupil from physical culture exercises because her father is afraid that dancing or hopping around on one foot may make a "premier danseuse" of his "pride and joy," or that little Johnny's back was strained from a few Swedish movements, while undoubtedly he has been "scraping" with the neighbor's young hopeful.

Show to your patients the need and advantage of vaccination. Show to your patients the advantage, even if slight, of physical culture, and if you can conscientiously advise medical inspection of schools, do so by agitating the subject among your clientele. However, if I have interested you enough this afternoon so that you will take the trouble to visit the school round the corner from your office and see what is being done, I shall feel amply repaid for my trouble in preparing this article.

UNNATURAL DEATH. — Dr. Hill, master of Downing College, Cambridge, read a paper at the recent meeting of the Sanitary Institute of England, with the above title. He told his hearers that about one million babies were born annually in England. Thirty thousand of the million would die violent deaths from accident, 30,000 would die unnecessarily from tuberculosis, and 120,000 more from other absolutely preventable causes, such as smallpox, measles, and scarlet fever. Only 45,000 would be allowed to live out their natural lives, and nearly one in twenty would die because the machine was worn out. One fourth of all the diseases which destroy life are absolutely preventable, and fifteen years would at once be added to its average duration if the practice of hygiene were placed on a level with its theory. Dr. Hill attributed the greater number of the diseases over which the individuals affected by them have personal control to mistakes in eating and drinking. — *London Times*.

EDITORIAL.

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

THE STATE SANITARIUM AT RUTLAND.¹

It is now between four and five months since the State sanitarium for those suffering from incipient tuberculosis opened and began its practical work. Although it is altogether too soon to draw any conclusions, yet sufficient time has elapsed to indicate the trend and to furnish sufficient data to enable one to form some idea as to how this experiment is received by the people for whose benefit especially it was established. While the necessity and ultimate success of this institution was most firmly believed in by its originators, and indeed by all those most conversant with modern ideas in the treatment of tuberculosis, there was no little doubt as to how kindly the idea of hospital treatment, with its necessary discipline and removal from home and friends for a long period, would be received and to what extent its advantages would be embraced by the public. The result has more than filled the expectations of its creators; already has the male ward for some time had its quota of patients filled and on the female side are not more than half a dozen vacancies. All these, it must be remembered, are selected cases to a certain extent, only those being admitted in whom the disease is beginning and those for whom there is a reasonable hope of improvement and practical recovery. It should never be lost sight of for a moment that the object of this institution is *cure*, not *care*; it is not intended as an asylum for the euthanasia of those upon whom the disease had acquired a firm hold, but a sanitarium for the application of the most advanced knowledge tending to the cure of those in whom the disease is beginning to be evident. That ad-

¹ For the facts and ideas which led to the writing of this editorial, the Editor is indebted to an informal but very interesting talk upon the subject before the Hughes Medical Club by Dr. Vincent Y. Bowditch, one of the attending physicians at the Rutland sanitarium.

vanced knowledge to-day consists of the most perfect hygienic surroundings possible, in absolutely fresh air at all times, night and day, obtained by keeping the patient outdoors during the day and by bringing the outdoors into the patient during the night ; in making available all the sunshine which our somewhat stingy New England climate furnishes, by the most nutritious diet known, by the conservation of animal heat, by abundance of warm and suitable clothing, and by the administration of as little medicine as possible, and that directed mainly to the relief of intercurrent or accessory symptoms.

But "why not do this at home?" "why the necessity of all this expense just for the application of such simple and well-known remedies?" some one cries out; and why not, indeed? Simply because at home the patient will not submit to it, the family will not and the doctor cannot enforce it. The discipline which is an integral and necessary part of the life in any institution where a number of people are gathered for any purpose is in general accepted by the inmate as a usual, ordinary, and necessary condition to which he must accommodate himself, and to which he does as gracefully as his temperament will permit. While under his own roof, where he is master of his own castle, or where he has acquired the position of an autocrat by virtue of his invalidism, he will have none of it. And his position is reinforced rather than antagonized by family and friends in whom the popular fallacy that the "consumptive" should be *coddled* is still rampant.

And in the exposure of this fallacy and in the substitution in the minds of the people of undeniable truths regarding the care and treatment of this unfortunate class, is suggested the secondary object of the institution at Rutland, an object more far-reaching, indeed, and important in its ultimate results than the primary object itself. Primarily, it is established for the cure of tuberculosis; secondarily it will disseminate broadcast among the citizens of the commonwealth *knowledge* most vital. It will demonstrate by facts not only that tuberculosis in its incipience is a curable disease, and that, too, by means available to all, but that, while in unsanitary surroundings, without any or insufficient antiseptic meas-

ures, it is a very contagious disease, that under proper conditions of cleanliness and caution in the disposal of sputum large numbers may be segregated without injury to themselves or attendants. Every individual that goes out from that institution cured of his disease, or so far improved that he can complete the cure himself, will go forth an automatic "fresh air crank" that will turn and keep turning wherever it goes until it has turned out of the minds of family and friends the old ideas of housing and heat and delicacies and coddling for consumptives, and turned in the knowledge and the truth of fresh air and sunshine. Thus it may be seen that indirectly this sanitarium of the State is a practical educational institution of no mean order whose influence on the welfare of its inhabitants will be inestimable. That tuberculosis could be practically eliminated from the number of *prevalent* diseases within a reasonably short time, is in the minds of those most capable of judging not without the bounds of probability, and as the whole people become cognizant of this fact, undoubtedly steps in that direction will be taken; indeed, the establishment at Rutland is the first step, and a long one, too, but it is only the first. Every large city and every county should have a similar place where those cases unable in the beginning to care for themselves could go and be cared for and instructed how to cure themselves; and in addition to these, other places more in the nature of hospitals should be built where those so far advanced in the disease as to be incurable could be made comfortable until their release came. By these means alone a vast decrease in the spread and mortality of this scourge could be achieved in the space of one generation; in two or three it could be eradicated. Do not let any one raise the objection of expense; the productive power of the lives of its citizens saved would far more than recompense the commonwealth for the cost.

Every physician throughout the State should feel it his constant duty to make known throughout the community in which he lives these truths regarding this most common and fatal disease.

EDITORIAL NOTES AND COMMENTS.

We sincerely hope it may be possible for many of the readers of the GAZETTE to go to Paris in 1900 and accept the following kind invitation to be present and take part in the Congress :—

INTERNATIONAL HOMŒOPATHIC CONGRESS, 1900.

Esteemed Colleague :— At the London Congress of 1896 it was decided that we should meet next time in Paris, and that the quinquennial gathering should be ante-dated one year, so as to make it coincide with the Exposition Universelle which is to be held in that city in 1900. The Société Française d'Homœopathie has accepted the task of organizing the Congress, and has appointed the undersigned a Commission for the purpose. It has also obtained from the management of the Exposition a place among the Official Congresses meeting in connection therewith.

We therefore beg to inform you that the Sixth Quinquennial International Homœopathic Congress will assemble in Paris, at a date hereafter to be determined, but lying between July 20 and August 19, 1900 ; and we earnestly solicit your coöperation in our work of preparation for it. We need essays for our discussions, and the presence of representatives of our system to conduct these to advantage. Will you be good enough to take such measures as you deem most suitable for interesting in our projected gathering the readers of the NEW ENGLAND MEDICAL GAZETTE ?

All information regarding the Congress will be published in good time in the French Homœopathic journals.

With our fraternal regards, we remain, dear Colleague, yours most truly,

P. JOUSSET, *President*.

R. HUGHES, *Permanent Secretary*.

LEON SIMON, *Secretary*.

VICTOR CHANCEREL.

A. GONNARD.

MARC JOUSSET.

J. LOVE.

J. P. TESSIER.

P. S. — All essays and papers should arrive by January 1, 1900, at the latest, and should be addressed to

DR. LEON SIMON,

24, Place Vendôme, Paris, France.

A letter from the editor of the "Coming Age" desires us to call the attention of our readers to an article by Prof. John Uri Lloyd in the forthcoming April number, entitled "Do Physicians and Pharmacists Live on the Misfortunes of Humanity." It would seem from the title that physicians would be interested.

DIABETES.

Editor of New England Medical Gazette :

November 20 last I was called to see a robust man aged fifty with a severe and sudden attack of grip, which developed rheumatism. It was worse in the arms, occasionally below the elbows; at times twinges of pain in other parts. It was so severe he could not lie in bed nights. He had previously had a severe rheumatic fever. I asked if he had any kidney trouble; he said no. It was nearly four weeks before he was really happy. Then he said he was obliged to get up three or four times each night, and said upon questioning him that he probably passed three or four quarts, but he did not think anything of that, for he was a great hand to drink water. His wife said if any got on the woodwork of the closet it was so sticky it was very hard to wash it off. The urine was very clear, nearly neutral. Specific gravity 10.30, containing $3\frac{1}{2}$ per cent sugar. Argentum nitricum diminished the quantity somewhat and lowered the specific gravity to 10.25, but it soon increased again, and slightly diminished the amount of sugar. As he had one symptom that called for phaseolus nana, and knowing it had a direct effect upon the kidneys, I gave the 5 x four No. 35 globules every four hours. In eight days there was scarce a trace of sugar and he was feeling first class.

Springfield, Mass.

A. M. CUSHING.

SOCIETIES.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*Business Session.*

The regular meeting of the society was held at the Boston University School of Medicine, Thursday evening, February 2, 1899, at eight o'clock, President Sarah S. Windsor, M.D., in the chair.

By vote of the society the records of the last meeting were approved without reading.

Frank E. Schubmehl, M.D., Allston, was proposed for membership.

Thomas R. Griffith, M.D., Lillian B. Neale, M.D., Lena H. Diemar, M.D., and Frank Albert Davis, M.D., were elected members of the society.

It was voted that the new section of anatomy and physiology report on the third Thursday in April, and April 20, 1899, was the date fixed for the first meeting. Drs. Turner, Clapp, and Packard were appointed by the President a committee to nominate officers for the new section for the ensuing year, and reported as follows: Chairman, John P. Sutherland, M.D.; Secretary, John A. Rockwell, M.D.; Treasurer, Frank E. Allard, M.D.; who were elected by the society.

Dr. Herbert C. Clapp proposed an amendment to the by-laws now existing, providing for the expulsion of members, and that it be identical with the by-law for this purpose of the Massachusetts Homœopathic Medical Society.

Scientific Session.

1. Specimen of *Bothriocephalus latus* from a patient of W. T. Talbot, M.D. A Swedish woman, age 43 years, had been affected since seventeenth year, passing at intervals white segments. Concomitant symptoms were notably swelling of abdomen simulating pregnancy at times, cardiac pain, pressure at vertex of skull, pain in radial ulnar region, nausea, faintness, appetite capricious.

Treatment : Pumpkin seeds, 2 ounces, after twenty-four hours' fasting, followed by castor oil in three hours.

Number of worms passed . . .	25
Total weight	233 grams.
Total length	5,650 cm. (185.36 feet).
Longest	298 cm.
Shortest	62 cm.
Average length	221 cm. (7 feet, 3 inches).

2. Dr. Horace Packard exhibited a uterine fibroid myoma, which he had recently removed from a patient 36 years of age. She had been able to attend to her work, and had felt no great inconvenience, except pressure on the pelvic organs. The tumor had developed to its present size rapidly, and could be removed now with less danger to the patient than later when the blood supply would be large, and delay would also increase the pressure on surrounding organs.

Weight	537 grams.
Longest diameter	13 cm.
Lateral	9 cm.
Antero posterior	9 cm.

3. An ovarian cyst, with one complete twist in pedicle, removed by N. W. Emerson, M.D., from a patient 43 years of age, was exhibited. Menses had always been regular, but patient had complained of much pain.

Longest diameter	14 cm.
Lateral	12 cm.
Antero posterior	11 cm.
Weight	1,156 grams.

4. Dr. A. Howard Powers cited an interesting case of a woman who sat down to dinner and began to eat hastily. After a few mouthfuls she was unable to take more ; the food already taken seemed to have lodged in the œsophagus. There were no specially uncomfortable symptoms, except in the lower part of the œsophagus and pit of stomach. No liquids could be taken. As she was frightened and very nervous I gave a $\frac{1}{4}$ grain of morphia, hyperdermically, to

quiet her. The next morning I found that she had rested, but did not sleep because of her fright. I administered $\frac{1}{10}$ apomorphia and a portion of the obstruction in the œsophagus was dislodged. There was much suffering from thirst. The patient continued in this condition during the day, and in the evening, there being no relief, I tried to pass down a bougie and succeeded in reaching the obstruction, but was unable to dislodge it. Made a second attempt with no better success. Early the next morning the patient was able to swallow small portions of food. At 11 A.M., forty hours after the food was swallowed, a large piece of beefsteak, partly fat, was ejected, and the patient relieved.

Dr. Powers exhibited the piece of meat which had caused the obstruction.

REPORT OF THE SECTION OF MENTAL AND NERVOUS DISEASES.

FREDERICK L. EMERSON, M.D., Chairman; SARA JOHNSON, M.D., Secretary;
EDITH C. VARNEY, M.D., Treasurer.

The President appointed Drs. Childs, Colby, and Sears a committee to nominate sectional officers for the ensuing year. The committee reported as follows: Chairman, Clara E. Gary, M.D.; Secretary, Duncan Macdougall, M.D.; Treasurer, John H. Urich, M.D.; who were duly elected.

1. Color and Temperament, Sara N. Merrick, M.D. Discussion.

2. A Case of Hystero-Epilepsy, Ellen Hutchinson-Gay, M.D. Discussion opened by Frank C. Richardson, M.D.

3. Three Nervous Remedies, Edward P. Colby, M.D. Discussion.

4. Study of Oxygen in Mental Diseases, Harry O. Spalding, M.D. Discussion.

1. The first paper of the evening was read by Dr. Sara N. Merrick on "Color and Temperament."

Dr. Sutherland, when called upon to discuss this paper, said he had never given much thought to this subject, and therefore was not prepared to discuss it.

2. Dr. Ellen Hutchinson-Gay next gave an interesting and detailed account of a case of hystero-epilepsy, which she had treated.

Dr. Richardson, in discussing this paper, said in part: This subject is a most interesting one and the case has certainly been carefully observed and well reported. I presume the chairman honored me with an opportunity to discuss this paper because I am one of those mentioned as not believing very thoroughly in the existence of hysterio-epilepsy. I think epilepsy should be confined to a different class of cases. This case might be called hysteroid.

Dr. Powers: In aggravated condition, how far is the use of apomorphia justifiable?

Dr. Gay: I have never used it in any case. I only told the patient that what I gave her would bring her out, and it did, but I used only water.

Dr. Richardson: I have never used apomorphia, but think it might work well. In many cases, there are means which should not be used because they are liable to depress the action of the heart. I should not hesitate to use it once in desperate cases.

3. Dr. Colby next read an interesting discussion of three remedies, *thuja*, *cuprum*, and *lathyrus*, which in his experience had proved effectual in nervous diseases.

4. Dr. Harry O. Spalding read a summary of several cases of mental disease treated by oxygen. It was apparent from his report that very little relief was afforded to patients by this treatment.

Owing to the lateness of the hour, this paper was not discussed. Adjourned at 10 P.M.

FRANK E. ALLARD, *Secretary*.

GLEANINGS AND TRANSLATIONS.

THE TREATMENT OF PUERPERAL INSANITY. — In the treatment of puerperal insanity simple and rational rules should guide the practitioner.

The general health is usually below par, the nervous system worn by the violence of the attack of insanity, and the digestive powers are weakened. The most nourishing food

of liquid or semi-liquid form for easy administration and digestion is called for. The foods may be partially predigested. Iron tonics are particularly indicated occasionally in combination with quinine or strychnine.

It is noticeable that whilst powerful hypnotic medicines often fail to bring sleep to these patients, they may generally be put to sleep with a strong egg-nog or hot milk or beef tea. The beneficial influence of these upon the disease is speedily apparent; whilst seldom anything but harm comes of the employment of such narcotics as chloral, morphine, bromidia, or bromide of potassium. Frequently also the patient's insomnia is increased instead of being relieved. . . .

The bowels of the patient must be regulated. . . . It is also, of course, important in every case that the vagina should be cleansed of anything which might prove a source of irritation. General bathing with the sponge, if the patient be too feeble for the plunge bath, is very important. A warm bath at bedtime may aid in inducing sleep. When strong enough, outdoor exercise will hasten recovery.

The moral measures of benefit are the removal of such members of the family who do not coöperate in nursing and watching the patient. — *Dr. B. W. Stone, in The Medical and Surgical Bulletin.*

SYMPTOMS OF HIP-JOINT DISEASE. — I think we can safely say that limit of motion, deformity, and limp are nearly always, if not always, present in hip-joint disease in the early stages.

There are, in general joint diseases, eight cardinal symptoms, two or more of which are always present. These cardinal symptoms are pain, heat, swelling, pain on joint pressure, limit of motion, spasm of the muscles, atrophy, and deformity. Each joint has superadded to these eight cardinal symptoms other special symptoms. These special symptoms are due to the anatomical characteristics of the joint. In hip-joint disease pain is not always a common symptom; rise of temperature, owing to the depth of the joint, is hardly perceptible; swelling is not seen until effu-

sion or dislocation takes place; pain on joint pressure is present only in intracapsular disease, located between or near the articular surfaces. Limit of motion, spasm of the muscle, limp and deformity, with apparent lengthening or real shortening, are nearly always seen associated together. Atrophy pretty constantly occurs, especially in bone diseases, and it may occur as early as the tenth day. The other symptoms observed in the early stages are night cries, pain in the knee, flattening of the buttock, partial or complete obliteration of the gluteal fold. — *Dr. A. M. Phelps, in The Virginia Medical Semi-Monthly.*

IT IS A MISTAKE to work when you are not in a fit condition to do so. To take off heavy underclothing out of season, simply because you have become overheated. To think that the more a person eats the healthier and stronger he will become. To believe that children can do as much work as grown people, and that the more they study the more they learn. To go to bed late at night and rise at daybreak, and imagine that every hour taken from sleep is an hour gained. To imagine that if a little work or exercise is good, violent or prolonged exercise is better. To conclude that the smallest room in the house is large enough to sleep in. To sleep exposed to a direct draught at any season. To think any nostrum or patent medicine is a specific for all diseases that flesh is heir to. To imagine that whatever remedy causes one to feel immediately better — as alcoholic stimulants — is good for the system, without regard to the after effects. To eat as if you had only a minute in which to finish the meal, or to eat without an appetite, or to continue after it has been satisfied merely to gratify the taste. To give unnecessary time to a certain established routine of house-keeping when it could be much more profitably spent in rest or recreation. To expect a girl or woman to be handsome when the action of her lungs is dependent on the expansive nature of a cent's worth of tape. — *Annals of Hygiene.*

MORPHINISM IN PRUSSIA. — Statistics from Prussia, duly authenticated, again prove the frightful prevalence of con-

firmed morphine habit among medical people. Of sixty-two male patients nearly one third were physicians, and of eighteen married female patients three were wives of physicians. What more powerful plea could be made against the danger arising from the too ready recourse to opiates whenever there is pain! — *Pacific Coast Journal of Homœopathy*

PREVENTATIVE TREATMENT OF SENILE INSANITIES.—Among the premonitory symptoms and the immediate causes of insanity in persons who are becoming old, lack of proper and sufficient food and lack of sufficient sleep are prominent. . . . It will often be found that a short nap taken once or twice during the day will favor better sleep at night, by relieving the nervous irritability which tends to prevent sleep.

And then there are many things that the aged sufferer from insomnia may do to promote sleep. A warm bath taken just before retiring, with cold applied to the head, may be an efficient aid. A cold douche to the feet and legs, or a wet pack to the abdomen, is sometimes useful. A light supper just before retiring is usually of advantage. . . .

Equally important with restful sleep is the taking of a sufficient amount of nutritious and easily digestible food at proper intervals; for one of the usual forerunners of a mental breakdown is loss of appetite or neglect in the taking of food. Not that the stomach should be overburdened with food, for this, too, would be prejudicial; but that a sufficient amount of suitable food for the purposes of nutrition should be taken at proper intervals. If the nights are restless a glass of milk and a biscuit may often be taken with advantage on awaking in the middle of the night or toward morning; or a glass of warm milk in the early morning before rising. — *Dr. R. L. Parsons, in the Medical Record.*

STRANGE FOREIGN BODY IN GROIN.—A man developed an abscess in the groin. When the abscess was opened it was found to contain a small spelling-book. It was ascertained that this patient, when a boy, was shot, and it is supposed that the spelling-book was in his trousers pocket, and was shot into the groin. — *Medical Press and Circular.*

THE FACE IN DISEASE. — Inspection is even more important in the case of children than in adults. The pale, pinched, weazened face of some babies, who have snuffles, ulcers at corner of mouth, and look prematurely aged, is characteristic of constitutional syphilis; likewise in the "saddle nose," arising from necrosis or removal of a part of the bony framework of the nose. In rickets the head is usually large, square in shape, projecting forehead with large, non-bulging fontanelles. In hydrocephalus the head becomes very much enlarged, is rounded or globular in shape, the fontanelles large, tense, and bulging, the eyes prominent, the bones of the face small, the expression vacant. According to Eustace Smith, pain in the head in children is indicated by contraction of the brows; pain in the chest, by sharpness of the nostrils; and in the belly, by a drawing of the upper lip. A healthy infant, when awake and well fed, is always kicking or cooing and moving its arms about, and has a happy expression on its face; whereas if any cerebral trouble present, it often has an anxious frown, its hands are placed to the side of its head or rubbed over the vertex. Constant screaming is nearly always due to the pain of earache or hunger, for abdominal colic is usually intermittent. — *Virginia Medical Semi-Monthly*.

A PRIZE OF ONE HUNDRED DOLLARS. — The president of the board of managers of Craig Colony offers a prize of \$100 for the best contribution to the pathology and treatment of epilepsy, originality being the main condition. The prize is open to universal competition, but all manuscripts must be submitted in English. All papers will be passed upon by a committee to consist of three members of the New York Neurological Society, and the award will be made at the annual meeting of the board of managers of Craig Colony, October 10, 1899. Each essay must be accompanied by a sealed envelope containing the name and address of the author and bearing on the outside the motto or device which is inscribed upon the essay. The successful essay becomes the property of the Craig Colony for publication in its Annual Medical Report.

Manuscripts should be sent to Dr. Frederick Peterson, 4 West Fiftieth Street, New York City, on or before September 1, 1899.

DIET IN LITHEMIA AND GOUT. — Almost every case of lithemia and of gout can use milk without discomfort. In severe cases milk is the only animal food to be used. According to degrees of severity, fish and the white meat of chicken may be allowed. When the urine is heavily laden with urates, fruits cannot be eaten with comfort. Each patient must experiment until a diet of suitable vegetables can be obtained. As a rule, white potatoes are not well tolerated. Many patients cannot eat tomatoes and rhubarb.

To sum up, apparently restored health and a feeling of comfort and happiness, with willingness and ability to work, will come to patients with lithemia and with gout if they will omit meat from the diet and subsist upon milk with suitable vegetables and fruits. The secret of success is to lighten the labors of weakened eliminating organs. — *Dr. Charles Baum, in the Philadelphia Polyclinic.*

DIAGNOSIS OF ECTOPIC PREGNANCY. — Dr. D. von Ott, *Wiener medizinische Presse*, states that swelling of the uterine tissue in the vicinity of the internal os uteri, so important for the diagnosis of normal pregnancy, is lacking in ectopic pregnancy, and the organ retains its pear-like shape. Menstruation usually is only absent for one and a half to two months, when hemorrhages either of an intermittent or irregular character appear; they may also be constant. These, however, have no connection with menstruation, but are due to the hyperæmia and the formation of decidua in the uterine cavity. The ovaries are as a rule enlarged, hyperæmic, and not infrequently present a corpus luteum cyst of unusual size. Sometimes ripe follicles degenerate into large cysts. The unaffected tube is also hyperæmic, and not infrequently by inflammatory changes become atresic, and is transformed into hydrosalpinx. In cases where a diagnosis is difficult he advises curetting the uterine cavity, in the hope of getting shreds of decidua for the purpose of

a diagnosis. In case that the fetus had died a crackling sensation in the tumor is characteristic. — *Homœopathic Journal of Obstetrics, Gynæcology, and Pedology.*

A NEW HOT-WATER BOTTLE. — According to a recent number of the *Druggists' Circular and Chemical Gazette*, the expensiveness and want of durability in the ordinary rubber bottles and icebags which have been so essential in the sick chamber have long been a perplexing problem. Experiment with rice paper, covered inside and out with a coating of Japanese lacquer, led Professor Jacobsohn to recommend this material to the Berlin Society of Internal Medicine as far superior to rubber. In strength, flexibility, imperviousness, lightness, and durability it is said that this bottle leaves little to be desired.

ADD SALT. — Where it is of importance to have plaster of Paris set quickly, it should be mixed with a five per cent solution of common salt, which may be made by adding a teaspoonful of salt to a pint of water. — *Scientific American.*

OPERATIONS FOR CANCER AT JOHNS HOPKINS. — The results of operations for cancer of the breast in the Johns Hopkins Hospital from June, 1889, to April, 1898, are shown by the following data : —

Total of 133 cases, including work of assistants (Finney, Bloodgood, and Cushing). Nine per cent had local and 16 per cent regionary recurrence. Of the 76 cases operated upon three or more years ago (Halstead), 41 per cent are living without local recurrence or sign of metastasis, 10 died after the third year, one as late as five and one half years after the operation. One of these had a local recurrence, 46 per cent died within three years, and 7 of these with local recurrence.

HEAD INJURIES. — In head injuries an artery of the brain may have been injured without bleeding until after reaction has taken place. Many a patient has shown symptoms of cerebral concussion, and apparently rapidly recovered, who has been permitted to get up and has died suddenly a short

time afterwards. Rest for several days after such injuries should be imperative. — *Surgical Era*.

REVIEWS AND NOTICES OF BOOKS.

A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS. By Lewis A. Stimson, B.A., M.D., Professor of Surgery in Cornell University Medical College, New York, etc. With 326 illustrations and 20 plates in monotint. New York and Philadelphia: Lea Brothers & Co. 1899. pp. 822. Price, cloth, \$5.00 net; leather, \$6.00 net.

The present work is in one volume, while its predecessor was in two. We think the change will stand approved, for the rewriting and recasting of the old has secured greater compactness, and afforded an opportunity which has been improved by the author to add new and valuable material. There are now fifty-eight chapters; twenty-six devoted to fractures, the remainder to dislocations. The chapters are, however, short and freely illustrated. The first part — fractures — has been almost wholly rewritten.

The most marked change in classification and arrangement appears to be in the chapter on fractures of the skull, in which for the former classification — fractures of the base and vault — circumscribed fractures of the vault and fissured fractures with injury of the brain has been substituted. Under dislocations much care is evidenced in the presentation of the most approved methods for the operative reduction of both old and recent injuries.

The bibliography is exhaustive and also complete, chapter and verse, as one might say, being invariably given. In addition to other cuts there is a series of full-page plates reproduced from skiagrams. They well illustrate the now generally admitted fact that no application of the X-rays can be made which will take the place in diagnostic importance of ripe clinical experience. These skiagrams also show what important factors in the value of ultimate results are the angle at which they may be taken, the distance of the tube of origin of the rays and of the object to be skiographed from the sensitive plate, and not least of all the position of the part.

Dr. Stimson has had a large and varied experience, especially during the past ten years as surgeon to the leading New York hospitals, and has so incorporated the results of his work in his book as to make it very serviceable either for reference or for extended study.

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY, being a yearly digest of Scientific Progress and Authoritative Opinion in all Branches of Medicine and Surgery drawn from Journals, Monographs, and Text-Books of the leading American and Foreign Authors and Investigators, under the general editorial charge of George M. Gould, M.D. Price, \$6.50 in cloth; \$7.50 in half morocco. Philadelphia: W. B. Saunders. 1899.

This welcome addition to the yearly literature of current medicine and surgery has become almost a necessity to all those physicians, whether in the field of general medicine or specialism, who aspire to being abreast of the times. The volume is in general appearance the counterpart of the edition of last year, the department of general medicine being contributed by Dr. Stengel and Dr. Eckall in place of the late Dr. William Pepper. Any two men in the profession may feel complimented in being asked to fill the place of such a man, and certainly the publisher is to be congratulated on obtaining two men who have performed the task heretofore allotted to Dr. Pepper in such a thorough and excellent manner. The subject matter is divided into eighteen chapters or sections, each written by able and authoritative men, and give the advances made during the past year in his special subject, up to as late a date as is practicable to insure prompt issue of the whole work.

It is impossible to go minutely into the subject matter of so large a subject within a short time, and the most we can hope to do is to indicate to our readers what in a general way has been done in some of the more important departments. In general medicine the most advance has been in the study of infectious diseases, and especially of the value and results of experiments with the Widal reaction in typhoid fever. Tuberculosis also receives a fair share of attention and the results of experiments with various toxines and drugs are amply set forth. We were a little disappointed not to see a little more attention given to fresh air and sunshine as curative agents purely, and were surprised to see the constant use of the corrupt form "Sanitorium" in place of the more correct "sanitarium."

A short but most interesting chapter in this department is that on "Intoxications Resembling Infections."

Two new and striking operations mark the efforts at advance in surgery, namely, total gastrectomy, by Schalter, and the injection of nitrogen gas into the plural sac for tuberculosis. Among other subjects which have especially occupied the attention of surgeons dur-

ing the past twelve months are the treatment of rupture of the liver or spleen, operation for typhoid perforation, the various questions which are still undecided in reference to the subject of appendicitis, treatment of fractures by incision and wiring, and many others. In genito-urinary surgery it is interesting to note that Bottini's operation for enlarged prostate is receiving more favorable attention.

Pathology has occupied the time of its special students, as might be expected, in study of cellular life and changes. Sarcomatous growths have also received special attention. Inflammation, as ever, has been a futile ground for discussion.

Additions to the literature of the nervous system have been made respecting the physiological basis of hereditary tremor, the bacteriology of meningitis, the subject of encephalitis, hemiplegia, sun-stroke, surgical treatment of hydrocephalus, syringo-myelia, and the cord changes in all forms of pernicious anæmia, the relation of the pituitary tumor to acromegaly, and the relation of hysteria and neurasthenia to pelvic disorders.

Beside the sections mentioned above all the departments of special medicine receive careful attention.

Of all the publications which come to the practising physician, it would seem that this is the one he could least afford to be without.

AN INTRODUCTION TO PATHOLOGY AND MORBID ANATOMY. By T. Henry Green. New (8th) American from eighth and revised English edition. Octavo of 595 pages, with 215 engravings and a colored plate. Cloth, \$2.50 net.

The eighth American edition of Green's Pathology prepared from the eighth English edition of 1895 is an almost new and much-enlarged appearance of this popular text-book on morbid anatomy. Sixty new illustrations and a colored frontispiece have been added. Many new illustrations have been substituted for less satisfactory ones in the last edition. A change in the sequence of the text has been made in many instances and several new sections have been introduced at the expense of matter of less importance, notably a brief chapter on some of the animal parasites which, though by no means complete, is yet preferable to the section on scrofulous inflammation, etc., whose place it has taken.

Indeed, it would seem that the present edition offers but little chance for improvement save, perhaps, that one might wish for more detail. Each subject is treated concisely and clearly and places the hurried reader in immediate possession of as much information as

he probably is desirous of obtaining, though it can never take the place of the larger works on the same subject for the deep student.

We are in receipt of the prospectus of the *International Medical Annual*, for 1899, to be shortly issued by E. B. Treat & Co.

It is designed to "combine the features of an Annual Retrospect with those of a Medical Encyclopædia." This will, no doubt, be a valuable work.

PERSONAL AND NEWS ITEMS.

DR. T. S. HOYNE, one of Chicago's veteran homœopathic physicians, and a grandson of Dr. John T. Temple, the first homœopathic physician in Chicago, died Saturday, February 4, 1899. Dr. Hoyne was the author of several well-known medical works, among them being "Hoyne's Materia Medica," "Clinical Therapeutics," and "Encyclopædia of Homœopathic Biography."

DR. JAMES KRAUSS has removed his office from 377 Boylston Street to number 439, corner of Berkeley Street, Boston. Office hours from 1 to 3 P.M.

FOR SALE. — A physician who has been in his present location for ten years and has the largest part of the best business in the place wishes to sell his residence, office, and good will. Has actually collected over four thousand dollars each year for past six years. Will sell the whole for a fair valuation of the real estate and take mortgage for one half the amount. An unusual chance on account of the physician having to go away at once. For particulars apply to R. M. B., care of Otis Clapp & Son, 417 Westminster Street, Providence, R.I.

FOR SALE. — Black walnut office desk with plate glass top, slides and drawer racks for bottles, and rear elevation of pigeon holes. Address Dr. Horace Packard, 470 Commonwealth Avenue, Boston.

WANTED. — By a young man with some experience, a position as assistant to a good homœopathic physician. Address "L," care of Otis Clapp & Son.

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COMMUNICATIONS.

BATHS IN THE GYMNASIUM.

BY MISS M. E. ALLEN.

[*Read before the Boston Homœopathic Medical Society.*]

Mr. President, Ladies, and Gentlemen,—I come before you this evening, a specialist with twenty years of experience behind me, but with no M.D. after my name. I shall not therefore speak to you in technical language, and I am conscious that the criticism on what I may say will be that conclusive proof, in detail, is not furnished. I can only say that I have worked for results, not for statistics, and that general good results in a large number of cases means more to me than special results in a limited number of cases, and that what has been done in preserving health and adding vigor to delicate constitutions has been very real, however lame conclusions may be as to cure. As I told the gentlemen who extended to me your courteous invitation to appear before you to-night, my special interest through all these years has been in physical training through gymnastic progressions, while the baths are only a recent part of the scheme and a part necessarily delegated, *in detail*, to assistants, while supervision and decision in special cases devolved upon me; so that much that might be interesting for illustration or statistic is lost. My subject, "Baths in the Gymnasium," will cover baths as required in the gymnasium proper after exercise, and also the special baths in the other and more recent department of the work. The building known as The Allen Gymnasium covers various departments

for the prevention and cure of abnormal conditions — prevention being the phase in which I am most intensely interested.

Unfortunately the community, generally, is not yet alive to the beauty of the mechanism of the body nor interested enough to become really intelligent as to its needs, so that, with the exception of those who truly *love* physical exercise, very few will take time for it in any of its preventive forms until physical degeneracy in some phase forces them into it. Even when this happens they will not persevere to a complete cure, but give up the work as soon as they are better, so leaving behind no definite data of cure. Twenty years ago, in the infancy of rational physical training, one of the articles of my creed was, that a cold water bath after exercise was an essential to safety and added immensely to its therapeutic value.

Unfortunately for my theory, my first quarters were so contracted and the water supply so limited that it was impossible to accomplish this bath. An entire change of clothing, however, was insisted upon from the first, thus insuring fresh, dry clothing in which to meet the outside air, and a friction rub with a coarse towel was substituted for the longed-for bath. When a change into another hall gave added dressing-rooms with, however, little increase in water supply, the "basin period" began. Each pupil was required to provide herself with a basin from which to take her bath in cold water. This change was welcomed by the pupils generally, and the splendid feeling of cleanliness and exhilaration was considered a happy gain. One always finds those who will shirk any rule whatever its aim, and when colds were occasionally laid at the door of an hour's exercise, such result could usually be traced to the omission of the bath instead.

Thus an instructive theory in the beginning became by experience a realization of the *imperative* necessity for such an ending to an hour's exercise for a skin invigorator. Consequently when it became my privilege to plan a new gymnasium I felt much as the lady did who, when she built her

house, said she would plan her *kitchen* as the room from which emanates most comfort and build the rest of the house about it. So lavatories were made the essential and most costly feature of the new gymnasium, and the arrangement then planned, which gave to each pupil the use of a private dressing-room and bath with hot and cold water, an asphalt floor, and opportunity for all the spattering she pleased, has proved to be most enjoyable and indispensable. The aim of an hour's class exercise is to send each pupil from the floor in a state of active perspiration, with the blood tingling from finger to toe tip, and anything like the refreshment that comes from the quick cold sponge bath must be felt to be appreciated. Indeed, one of the constant patrons of the Turkish baths said, only a few days ago, after her hour of work and the subsequent bath, "I think not even the Turkish bath gives one the sense of absolute cleanliness that the cold bath after exercise does."

Cases of extreme susceptibility to colds which have become exempt from such condition by a course of exercise and bathing are numerous. I remember one of my triumphs in the early days was the verdict of a well-known Beacon Street lady who brought her daughter to me, a fragile little creature of eight or so, hoping the exercise would toughen her. In the spring the mother cheered me by the statement that, whereas in other years her schooling had been repeatedly interrupted, necessitating consecutive weeks of absence, that winter she had escaped.

Another case comes to mind, in later years, of a young lad whose mother always bathed him in alcohol after exercise as a safeguard against cold during his first year. When she entered him for the second year she left him to his own devices, having one day discovered him drawing the bath tub full of cold water and jumping in. He had learned his own lesson.

On no other subject, it seems to me, do people need more enlightenment than on the subject of cold water bathing. The irrationality of the inordinate use of hot water followed by no invigorating cold application is, to my mind, the direct

cause of the extreme susceptibility to chills of which so many complain at the present time. Imagine children jumping from their comfortable beds, with the surface of the body warm and relaxed, getting into their clothes with only a face washing, often in warm water, and then, frequently with little or no breakfast, being sent out to meet, perhaps, a Boston east wind! My only wonder is that the system bears such suicidal treatment as long or as patiently as it does.

Mothers bring their daughters to me with this sensitiveness to cold clearly defined, with a blind hope that the condition may be remedied. In such cases the almost universal answer to my question, "Does your daughter bathe in cold water?" is "No," with the frequent addition, "Her doctor does not think she is strong enough." My answer to this is that she is not strong enough to do without it. Then comes the question in an alarmed sort of way, "But would you put her into a tub of cold water?" "By no means; it takes a pretty strong constitution to bear either so much water or such a shock as that. But you can *teach* her to bathe with perfect safety. Confine the bath first to the trunk. Since the heat in the trunk is such that one can sleep all night with a big piece of ice on his stomach and wake in the morning not only *not* frozen, but unusually refreshed, it is quite evident that the trunk will react to cold water rapidly administered. The first bath should always be given in a warm room, and indeed, any cold water bath to bring best results should always be given in a room whose temperature is many degrees higher than the water. Leave the extremities, which are far from the furnace, until the system has become accustomed to the process. Later, reaction will also follow here, and you have broken the back of the extreme sensitiveness and given your child the greatest safeguard against chills."

My own feeling concerning hygienic bathing is that the bath for cleanliness, with warm water and soap, should be given at night to insure refreshing sleep, while the morning bath should be in cold water, rapid and *never omitted*, for stimulation and vigor.

Experience has shown that different temperaments require

different kinds of baths after exercise. Some muscles will stiffen at once and become painfully lame if exercise is followed by a *cold* bath *alone*. Under these conditions a graduated bath from tepid to hot and back to cold counteracts this tendency. Others are only happy if they take the cold application at once, and the reaction is so immediate as sometimes to make the use of a towel unnecessary.

The Special Bath Department was added to the gymnasium eight years ago and completed this establishment devoted to the preservation of health. This makes an unusual combination under one supervision, unlike any other in the country, I think.

Yours is a very busy profession, and so few of you have been able to know, by actual observation, what the work undertaken in the baths is, I should like briefly to state what the facilities are for giving baths, and wherein they differ from other Turkish baths.

In the first place, they are above ground, bathed in sunshine and air on three sides, not in subterranean or semi-subterranean regions, as is so often the case. They are open all day and to women exclusively; others usually give women an opportunity for baths only during a few hours in the forenoon.

In building these baths cleanliness, *pure* air, and *pure* water were especially to be provided for. Luxury in a bath was considered by those who planned them to consist in cleanliness and the capacity for keeping clean, hence portières, rugs, upholstered couches, and like appointments were discarded and only hard finish used — marble, tiles and enamelled white paint — which soap and water can keep clean.

For the absorptive hair mattress has been substituted the Gorsian wire spring mattress, which has in it only an inch of hair padding, all encased in removable and washable linen covers.

This is a precaution seldom taken elsewhere. Most baths are heated by steam radiators, which, as you know, only keep air once heated at a given temperature, with little or no influx of fresh air possible, where such high temperatures must be equably maintained. While cleansing the body in

the most thorough manner possible, it seems hardly fitting that the bather should be forced to breathe impure air. Here an abundant supply of fresh air is passed over heated radiators outside the room, carried by gravity into the first hot room and then passed through the building by a mechanical fan, thus insuring a constant current of pure air. To secure pure water in abundance proved to be as great a problem as heating. City water did not meet the need, but artesian well water would. Wells were sunk from 125 to 140 feet deep, and these yielded a beautiful clear water having *no* deposit. A specimen has been bottled two years with this result — no sediment of any kind. It is, however, charged with mineral substances that give it a delightful buoyancy for swimming, and when pumped over the fountain, falling thence in refreshing streams into the swimming pool below, it has the sparkle of a mountain brook. Having accomplished the first three aims — capacity for cleanliness, pure air, and pure water — the next problem was in method of administration of baths.

The ordinary Turkish bath is conducted mainly on a commercial basis, the most important point being to give as many baths in any given time as possible. These baths, while it is hoped they will eventually become remunerative, are conducted as a part of an establishment devoted to the interests of health, and the good of the bather must be considered before pecuniary gain. It is unpleasant to have to wait one's turn for a bath in these busy times, hence *my* patrons are given the opportunity to make appointments a week or more ahead — a matter difficult to manage and seldom undertaken elsewhere. Every bather has a private room and a couch, with no extra charge, the large resting or cooling room having been discarded here, and private rooms substituted, to the great satisfaction of patrons. Screens are furnished in the hot rooms to secure all the privacy one may desire. Every bath is carefully watched and supervised and no one is allowed to enter the heat until she is sure of the services of a shampooer to finish the process when the right moment arrives.

All these points are more or less exceptional and are shared by few other baths. In the Allen Gymnasium Baths, as in the gymnasium, I hold myself in readiness to receive patients from physicians and to carry out instructions, which is next to a physician having such appliances in his own house. Verbal instructions are not accepted—the risk is too great—but written instructions are followed to the letter, because responsibility can then be placed.

The kinds of baths given are Turkish, or hot-air baths, Russian, or vapor baths, electric, sulphur, pure and salt baths, sitz baths and foot baths, douches, packs and salt sheets, alcohol and oil rubs, and massage treatments.

Electricity as a medical agent I do not tamper with. The safe Faradic current, generated by a small machine, gives a tonic effect to a tub bath, which is found refreshing and often alleviates rheumatic pains.

Sulphur baths are given for skin affections, but I recommend, even in such cases, the Turkish bath with its constitutional effects as better in the end.

Another unique feature is the douche room arranged at the instigation of a Boston physician who has sent many patients for douches. These were most difficult to give until recently, because nothing could be furnished by plumbers sufficiently delicate in its operation rapidly to change temperatures until the invention of the gigenstrum a few years ago. This is a most useful piece of mechanism by which water can be raised from street temperature to 120° and carried back again in a minute and a half. This requires the most delicate care and manipulation, but enables one to reach required results as never before, making intermittent or graduated douches most efficacious.

Such is the establishment offered to the women of Boston and vicinity and to the medical profession to be used under their directions. Turkish baths have been, until recently, more freely used by men than by women, and may be so still, but you would probably be surprised to know how many women regularly patronize them. Not because they are sick, but because they revel in the exquisite sensation of absolute

cleanness that such applications give and the refreshment and vigor that follows.

Several thousand baths are given yearly, but the capacity is here for thousands more —indeed, we have a capacity for sixty or more a day.

Women often come with much trepidation for a first bath, with very dim ideas of the process. There is a general conception that a Turkish bath is a Turkish bath as a stone is a stone, but a Turkish bath for you is a bath that suits your condition and temperament and may vary in essential features from one for the next person. An Irishman's idea of a Turkish bath was overheard by a patron while resting after her bath. A gang of men were at work on the street and sought the shelter of the building for the noontide lunch which brought them under the windows. One said to another, "Pat, did yez ever take a Turkish bath?" "No," said the other. "Do yez know what it is?" "No," said Pat. "Well," he said, "first they put yez into bilin' hot water and then into freezin' water, and then they rubs yez down with a piece of *luther!*" The lady feared that she would hardly have ventured had she known this before. No, the bath varies constantly, but after one or two trials, the one best suited to the bather's need is discovered and then experiment ceases. Some prefer the hot air and dislike the steam, others reverse the process, while the majority like a combination. Some need a hard, long shampoo and a bracing, sharp, cold spray in abundant measure, others would be exhausted by the same process.

Several women physicians have taken the baths and sent patients. There stand on our books the names of not more than fifty physicians who have occasionally availed themselves of these baths for their patients. The disorders to be treated were rheumatism, imperfect or sluggish circulation, disordered liver, torpidity of the bowels, neuralgia, nervousness, skin troubles, bronchial affections, tired and worn out conditions, partial paralysis, hay fever, gout, and sciatica. In almost every instance improvement has resulted. The electric bath has sometimes been tried for rheumatism with

good results, but the hot air or vapor bath followed by a douche and vigorous massage has achieved greater results, I think. Some cases of muscular rheumatism of not long standing have been speedily helped, if not cured. One lady came in so lame that she feared she would need a carriage to get home, but was so relieved by the bath as to be able to walk. However, as I said before, I cannot give results in detail, only improvement in a majority of cases. Here, as in the gymnasium, people will not stay for cure.

I will only detain you to mention two popular fallacies entertained by people who have given no thought to the subject. One is that Turkish baths enervate! Such result can only come from improperly given baths. I asked a friend once who I knew was devoted to the bath tub why she did not take our baths. She finally admitted that her doctor advised against them because she was not strong enough. She was at that time taking a five mile walk before breakfast, which did not indicate any dangerous condition of weakness to my mind! Further inquiry elicited the information that this judgment was based on the fact that her doctor had *once* taken a Turkish bath and was enervated by it! No one knows under what conditions he took it, how much too long he staid in the heat, how much time was given to the shampoo, how severe it was, how much water was used in the spray nor at what temperature, how much time, if any, he gave to recuperation and rest after it—all of which points must be considered in giving a proper bath. Nor is one bath sufficient on which to base judgment. The exact opposite of enervation is, both theoretically and practically, the legitimate effect of a well-regulated bath—a sense of lightness, of buoyancy, of vigor, rather.

Another prevalent superstition is that one more readily takes cold—a fallacy that is unaccountable to a reasoning mind accustomed to the details and action of the different processes. To free an organ from whatever is abnormal does not expose it to injurious influences. Exciting sweat glands to healthy action, removing clogging accumulations from the pores, scrubbing off scarf skin, invigorating nerve ends

by the impingement of the spray, and toning cell walls by cold application would, rationally considered, be a legitimate way to put the skin in accord with the natural laws that govern it. An invigorated, alive skin is in just the condition to repel chills.

After eight years of observation and experience I am more than ever convinced that every man, woman, and child would be better, live longer, and confer more happiness and cheer on mankind were the indulgence in a Turkish bath once a week an unvarying habit. Well people need them for comfort and cleanliness and the preservation of their health, sick people need them to restore constitutional vigor.

On the completion of the baths, on which so much thought had been spent, knowing how many of the defects and objections in the ordinarily conducted baths had been overcome, and that they were to be carefully and conscientiously supervised, it was confidently hoped that the medical profession would seize the opportunity to use them in their practice. This hope, unfortunately, has been realized to only a limited extent. Now, however, that so many are recognizing the futility of medicine in many enfeebled conditions and are stretching out for other resources, with a growing knowledge concerning the good already done by these baths, hope will revive that they will be more widely patronized in the future and that Boston will hold less lightly an institution whose counterpart can hardly be found elsewhere.

My experience in the use of ice and water in combination with massage has also been most happy. Water, ice, and exercise will, I believe, be more largely drawn upon in the future as remedial agents.

There are usually times in the early morning and after four o'clock in the afternoon when the baths may be inspected, and I close with a cordial invitation to one and all to come and see them.

THREE CASES OF INSANITY COMPLICATED WITH DEGENERATIVE DISEASE OF THE KIDNEYS.

BY HENRY I. KLOPP, M.D., ASSISTANT PHYSICIAN, WESTBORO HOSPITAL.

The three cases which I am about to report were admitted to the hospital within short periods of each other and are of especial interest, as they came in with a vague history as to the real cause or conditions existing when committed, and as their duration, after admission, was short.

My main object in presenting these cases is to illustrate a type of insanity resulting from uræmic poisoning or auto-intoxication, due to degenerative disease of the kidneys; also the importance of a study and examination of the physical in relation to the psychic sphere.

The mere fact that mental and kidney diseases coexist may not necessarily be the predisposing cause of mental disease, but the exciting cause.

Case 1. E—, aged forty-seven, married, painter, admitted August 26, 1897; nativity United States; habits temperate; mother insane; second attack. Duration of present attack was given as three weeks and the cause as ill health.

In 1887 he had his first attack of insanity, that of melancholia, and was admitted to the Taunton Hospital, remaining there three months, and he was then transferred to the Westboro Hospital, where after a hospital residence of three and one half months, he was discharged recovered. His wife stated that eleven years previous he had an attack of inflammatory rheumatism since which time he had not been a well man.

Upon his second admission he was fairly well nourished; mentally he was depressed, had a worried expression, and showed signs of restlessness and uneasiness. He said he could not control himself, did not believe he was of any account and should be allowed to die. Admitted attempting suicide two days before admission, twice by taking Paris green and once by jumping into a pond. He had hallucinations of hearing and strong delusions of personal worthlessness.

Physical examination revealed an increased area of cardiac dullness, apex beat displaced downward and to the left, with a marked mitral systolic murmur. Examination of the urine showed sp. gr. 1.021; acid reaction; presence of albumen in considerable quantity. Microscopically pavement and kidney epithelium; small hyaline and large granular casts and a few red and white corpuscles. The following is the result of the examination of the blood:—

Hæmoglobin 29; marked diminution.

Red corpuscles 4,000,000; a diminution of 1,000,000.

White corpuscles 13,072; shows a leucocytosis.

Differential count of leucocytes:—

Large lymphocytes	5.75%
Small ,, ...	24.00%
Neutrophiles	68.00%
Eosinphiles	1.00%
Myelocytes	1.25%

What appears as an interesting feature is the absence in the differential count of nucleated red corpuscles in cover glass specimen from which the differential count of leucocytes was made, this perhaps being due, as well as the diminished number of erythrocytes, to the fact that there was marked œdema of the legs and other parts. There was no apparent œdema, however, of the lobe of ear from which the specimen for examination was taken.

The low hæmoglobin percentage of 29 ought, at least, to show some abnormalities in the erythrocytes, but, as above stated, none were observed.

Two days after admission he developed a left-sided pleurisy, this putting additional labor upon the heart. The lower extremities became œdematous, which condition spread and continued to increase until death. His mental condition did not improve, restlessness continued, sleep was disturbed, and dyspnœa pronounced.

The records of his first admission are very incomplete as they do not give any facts pertaining to his physical condition or show whether an examination was made of his heart and kidneys.

After a hospital residence of four weeks, lacking two days, while sitting in a chair one afternoon, he was discovered suddenly falling out of it upon the floor, and when the physician arrived he was dead. An autopsy was formed which revealed the following results:—

Cranium: calvarium, after removal, showed normal adhesions to the dura mater; abnormal quantity of blood serum underneath dura. Dura mater was adherent along both sides of longitudinal fissure. Other than this nothing abnormal was observed, macroscopically, of the brain. Weight of brain was forty-nine ounces.

Thorax: right lung normal with no pleuritic adhesions; excess of fluid in the pleural cavity. Left lung normal with extensive pleuritic adhesions including the entire lung, also pericardium. Some of the adhesions were old while others were recent. Pericardium contained an excessive amount of fluid; heart was enlarged with pronounced hypertrophy of the left ventricle; also mitral insufficiency. Weight of heart was twenty-five and one fourth ounces.

Kidneys: left kidney was normal in size; had several cysts on the surface and upon incision showed marked degeneration of the parenchyma; only two pyramids could be recognized. Right kidney was normal in size; contained six cysts over the surface; upon incision also showed marked degeneration of the parenchyma, but not so extensive as in the left. Weight of each kidney was four and three fourths ounces.

Liver was apparently normal, weighing seventy-four ounces.

Case 2. F——, aged fifty-seven, physician; nativity United States; first admission to an institution; cause as given by the physician's certificate was ill health, and said certificate contained the following statements: "He is feeble; his mind is weak and he is confused. Not homicidal or suicidal. Patient said that he sometimes has visions of things which have occurred to him and he is confused about them. Talked slowly and in a broken manner. Appeared confused and weak. He has severe heart disease and is very feeble."

Upon admission he was found to be very weak physically, with sallow complexion and a pronounced dyspnoea. Mental

condition showed impaired memory with dementia. Patient was confused and he could not give us any coherent information pertaining to himself. Although weak, he soon showed evidence of marked restlessness. He was not inclined to remain in bed or keep bedclothes over him, and when unobserved would be wandering about the ward. He showed a like tendency to remove the clothing from his person.

Physical examination revealed the following: beginning emaciation, impaired digestion, poor appetite and constipation, lungs normal, area of cardiac dullness slightly increased with a mitral regurgitant murmur which was not pronounced; general circulation weakened. Pupils did not react to light and very sluggishly to accommodation. Patella reflexes were normal. Patient complained of his stomach and said he had been suffering from dyspepsia for some time and could not eat.

Examination of the urine showed a sp. gr. of 1.025; acid reaction; 2% of albumen. Microscopically, pavement and kidney epithelium; small and large granular, hyaline and epithelial casts.

The examination of the blood showed a condition within the range of the normal:—

Hæmoglobin 70.

Red corpuscles 4,800,000.

White corpuscles 8,000.

Differential count of leucocytes:—

Large lymphocytes	5.40%
Small „	20.00%
Neutrophiles	73.40%
Eosinophiles	.40%
Basophiles	.20%
Myelocytes	.60%

The following history was obtained from an intimate friend of the patient. He was a prosperous and successful physician until one year before admission, since which time he has not been as prosperous. A change, however, was noticed about two years previous. His habits of living became very

erratic. He would go irregularly for his meals, which he took mainly at restaurants, and when he did go for a meal he was very indiscreet as to the selection of his food.

Two weeks prior to his coming to the hospital his failing, from a medical and physical standpoint, was very marked. He was found wandering on the street in a drenching rain improperly dressed, and upon two occasions was found in his room with the gas jet open, though it was not believed that an attempt at suicide was made, but that his mentality was too dulled for him to know what he was doing. Up to a few days prior to his commitment he attempted to practice medicine.

From the time of his admission, September 24, 1887, he continued to fail rapidly; dyspnœa became very pronounced and continued until his death; heart action and general circulation grew very feeble from day to day, with improper oxygenation of the blood shown by the cyanotic condition of his hands and feet, which became very marked two days before death. During these two days he was in a comatose state. Evidence of œdema was only noticeable during the last three days. Patient died October 6, 1897, after a hospital residence of less than two weeks.

An autopsy was permitted and the following conditions were observed:—

Cranium: calvarium abnormally adherent to the dura; nothing was observed upon examination of the brain macroscopically other than a beginning atheromatous degeneration of the basilar artery. Weight of brain was forty-nine ounces.

Thôrax: lungs were normal with the exception of the lower lobe of the right lung, which was partially hepatized; there were no pleuritic adhesions, but an abnormal amount of fluid in the pleural cavity. Heart showed hypertrophy with beginning dilatation. Left ventricle was hypertrophied with beginning loss of compensation resulting in insufficiency accounting for the mitral murmur mentioned above. Calcareous deposits were found in two of the semilunar valves of the aorta.

Abdominal cavity: there were adhesions of the omentum to the ascending colon.

Kidneys: capsules were adherent; upon incision both showed degeneration of the parenchyma, more marked in the left than in the right. Weight of each kidney was four and one fourth ounces.

Liver, to all appearances, was normal.

Case 3. L——, aged fifty-two, married, clergyman; nativity United States; habits temperate; admitted September 26, 1897; duration two years; first admission to a hospital. Cause was unknown, according to physician's certificate, which contained the following statements: "He is in a demented condition; sits without speaking for hours at a time, then if spoken to will cry for a long time. Manner that of an imbecile. He hardly knows how to answer any question. It is a clear case of dementia, so much so that all his actions are more like a child (and a very young one at that)."

The history given by his friends was that he had been a bright, well-educated Methodist clergyman and had been engaged in teaching in one of the Southern States for the past twelve years. He had failed both mentally and physically for two years. No information could be obtained from the patient on account of his demented condition. He was given to weeping when asked a question and was uneasy wandering about the ward in an aimless manner.

Upon physical examination no heart lesion could be detected; pupil reflex and size were normal; patella reflexes were exaggerated. Examination of the urine showed presence of albumen; hyaline, granular and epithelial casts; pavement and round epithelial cells and a few leucocytes; sp. gr. 1.012; faintly acids; solids diminished. Blood examination revealed the following:—

Hæmoglobin 80.

Red corpuscles 4,800,000.

White corpuscles 20,000.

Differential count of leucocytes:—

Large lymphocytes	3.3%
Small „	14.9%
Neutrophiles	81.5%

Eosinophiles	.2%
Myelocytes	.1%

The only thing to be noted from the differential count in their relative proportions was a 5% diminution of the small lymphocytes and the neutrophiles increased 11%.

The fifth day after admission he had to be placed in bed on account of his being untidy and weak physically. On the twenty-first day he had an acute exacerbation of his kidney trouble or a uræmic fever. Temperature was 104°, pulse 112, respiration 44. Patient was apparently in a comatose state, pulse rather weak and fluctuating with pronounced dyspnœa. The secretion of urine was suppressed. At the end of twenty four hours his temperature was 99°, respiration 26, pulse 85, apparently normal, with no improvement mentally, but he was secreting a fair quantity of urine, but urinalysis could not be made at this time on account of untidiness. He continued to fail from this time and on the twenty-seventh day a more decided change was noted. He began to vomit, showed signs of exhaustion, circulation impaired, pulse weakened; it was difficult for him to swallow and there was a beginning cyanosis of the hands and feet. At no time was there any signs of œdema. He continued to fail until the twenty-ninth day after admission when he died.

It is to be regretted that we were not granted permission to make an autopsy so as to learn definitely the condition of his kidney trouble.

In summing up the history of the three cases we find that they were well advanced with chronic nephritis, two of them being complicated with organic heart disease, and that their duration was short after admission to the hospital with a previous history dating back several years. The mental condition of case 1 was that of melancholia, of cases 2 and 3 that of dementia.

The conclusion to be drawn from these cases is that the insanity was due to the kidney disease and therefore must have been the result of some poisonous product which was not eliminated from the blood by the kidneys, but instead spent its action upon the psychic sphere.

The function of the kidneys, which has been well established, is to remove from the body a quantity of excrementitious substances. A failure on the part of the kidneys to carry on this function, due to some disease of these organs, allows the accumulation of such substances in the blood and tissues; the result is poisoning of the body by these substances and the development of symptoms due to the poisoning, to which the term "uræmia" is applied. Regis and Clouston recognize a form of insanity designated as "Brightic Insanity."

Clouston says: "Insanity of Bright's disease is a variety of mental derangement, half delirium and half mania, which results from uræmic poisoning. It usually occurs in chronic cases of Bright's disease, with contracted kidneys, where there has been enlargement of the heart and a tendency to dropsy for some time and where the central nervous system has been long subjected to the influence of imperfectly purified blood."

Regis recognizes two species of Brightic Insanity: "In the first, albuminuria occurs in a person with no mental disease, either personal or hereditary, but presenting a neuro-pathic disposition. Under its influence the brain suffers in a special way from the uræmic intoxication, nutrition is vitiated and insufficient, and a quiet, mild delirium, very closely allied to dementia, may appear.

"In the second variety we see a true insanity supervene in the course of an albuminuria, due mainly to a hereditary vesanic taint, and the albuminuria in kidney disorder is its exciting cause."

A series of sixty cases under the title of "Insanity as a Symptom of Bright's Disease" were reported by Dr. Alice Bennett, of the Norristown Hospital. The kidneys were found frequently affected and uræmic poisoning was reported to be a common cause of insanity.

A study of uræmia and uræmic poisoning convinces one that there has been and still continues to be a great deal of theorizing as to the real factors and causes at work.

I trust that future investigations and study of the science

of modern cytology, or that of cyto-pathology, will bring to light new factors as to the causation and real conditions existing in psychical and nervous diseases, especially those caused by auto-intoxication.

IS VENESECTION WITH SALINE TRANSFUSION EVER JUSTIFIABLE IN THE TREATMENT OF ECLAMPSIA?

BY GEORGE R. SOUTHWICK, M.D.

[*Read before the Boston Homœopathic Medical Society.*]

The close relationship of modern pathology with bacteriology and physiological chemistry has not only led both medicine and surgery into new fields of action, but also has claimed some territory which had been abandoned. The history of vaginal hysterectomy well illustrates this fact.

The routine treatment of eclampsia by venesection must have had some merit or it would have been abandoned sooner. Its most vigorous opponents have admitted relief from the convulsions, but claimed they reappeared with the distension of the blood vessels. Time prevents discussion of the opinions of that period. We have rather to consider if our present knowledge has new facts of importance in the case.

Uræmic convulsions were early noticed, and the theory of poisoning by urea gained many adherents. The fact that the injection of urea into the blood in very considerable quantity will not produce convulsions makes such a theory untenable. The term "uræmic" as applied to eclampsia is a misnomer. The best term to express this condition is "toxæmia," but whether it is due to leucomaines, kreatin or kreatinine, or some other toxine is not known, though the toxicity of the blood is increased.¹

One of the most constant preliminary symptoms is a pulse of high tension, and it is worthy of notice that such a pulse is also symptomatic of interstitial nephritis. This condition of the pulse is worthy of special consideration. I have seen

¹Chambrelent, *Archiv clin. de Bordeaux*, June, 1894. Also Ludwig und Savor, *Monatschrift für Geb. und Gynaecologie*, Bd. I, H. 5, 1895.

it precede eclampsia in a case recently where ten hours previously there was only a trace of albumen by the cold nitric acid test. The amount of secretion, five pints in twenty-four hours, and a specific gravity of 1010. The relative proportion of solids was low, but the absolute amount of solids excreted was above normal, and had been so continuously.

The tension of the pulse during eclampsia increases before the convulsion, and is the first signal of the approaching storm, and following the increased tension there may be that peaceful calm on the countenance of the patient which so often deceives the inexperienced obstetrician. In a very general way it may be stated that the character of the pulse depends largely on the propelling force of the heart, the elasticity of the arteries, and dilatability of the capillary blood vessels. If we have the calibre of the arteries or arterioles diminished by a contraction of their muscle fibres, and an increased action of the heart forces more blood into them, the high tension pulse results. This is observed commonly in interstitial nephritis combined with hypertrophy of the left ventricle. If, in addition to this, we have obstruction to the capillary circulation from muscular spasm, we have little blood passed through the capillaries at the time; and in spite of the efforts of the left ventricle to pump the blood into the arteries, there ensues a certain amount of stasis of the blood, and the heart soon becomes enervated from an excessive amount of work. The pulse consequently becomes more rapid and feeble, a characteristic sign of exhaustion in conditions independent of eclampsia. The right heart is soon distended by venous blood, and is so overloaded it cannot force it through the pulmonary circulation, which becomes engorged, and a most dangerous complication, pulmonary œdema, ensues. Pulmonary engorgement and cardiac weakness are seen clinically in the prolonged cyanosis following the convulsion, and it has been a long and well-recognized rule of practice that deep and prolonged cyanosis following a convulsion is of unfavorable import, especially when associated with a rapid or irregular pulse. The toxines circulating in the maternal blood act on the vaso-motor centre, producing an

anæmia of the deep cerebral areas, contraction of the arterioles and walls of the arteries throughout the body. This produces the high tension pulse. Clinical evidence tends to support the opinion that this action of the vaso-motor centre produces an anæmia of the nerve centres and congestion of the cortex cerebri, which is a secondary cause of the convulsion.

The accumulation of venous blood inhibits muscular spasm and excites the respiratory centre. The patient gasps, cyanosis diminishes, she is no longer in danger of suffocation, but the weak heart is still burdened and suffering from the strain due to the convulsion. As cyanosis disappears slowly, the conditions producing the tense pulse remain and the heart will grow weaker, with repeated convulsions, if relief is not afforded. Relief is often obtained by delivery, which, by the mere removal of mechanical conditions, is an important aid, and the usual escape of blood also assists. Further production of toxines usually ceases, and the patient recovers.

The above explanation of the symptomatology of eclampsia is not offered as an exact statement of all the details, but rather as a summary, which corresponds fairly well with the main and essential facts. It will be seen that maintaining the strength of the heart is of vital importance. We must accomplish this chiefly by remedies which will relieve vascular tension and diminish the strain on the heart muscle, as, for instance, acon. gelsemium, veratrum viride, glonoine, or other agents. We must prevent convulsion, which is an added effort for the heart of serious import, and anæsthetics meet this indication. Finally, we must relieve the heart from mechanical obstruction, and this we meet in a measure by delivery. All these indications may have been met so far as possible, and yet there are increasing signs of pulmonary œdema or heart failure; the right heart is dilated with venous blood and too weak to reëstablish a balance of circulation, in spite of the whip of stimulation, which only drives the jaded muscle to a condition where stimulation is of no avail. Such cases die, but if that heart can be given more rest and less

work, there is a chance for recuperation and for life. Will not venesection in these cases afford a certain amount of relief to the venous engorgement of the lungs and to the strain on the right ventricle?

The effect of venesection is threefold: it diminishes congestion of the cerebral cortex, it relieves the weak and overburdened heart, it removes a certain amount of toxine in proportion to the amount of blood withdrawn.¹ So far we have nothing to add to the old-time practice. What is there new to offer? First, a more strict limitation of venesection to those cases where, in spite of remedies to control convulsions and vascular spasm, we find the heart growing weaker and pulmonary œdema threatened.² If the lungs are once water-logged, there is little hope from any treatment. Second, saline transfusion, the handmaiden of venesection, should be combined always with it.³ Third, saline transfusion is a valuable remedy without venesection, and may be tried first, if the case is not urgent. The use of the normal salt solution after venesection restores the amount of the circulating fluid in which there is not only less toxine, but one in which the toxine is very much diluted. It no longer acts on the vaso-motor centre; the arteries relax, the balance of circulation is restored, secretion and excretion are once more established, the weakened heart is relieved from an excessive burden, the kidneys begin to act freely,⁴ the toxins are eliminated, and as labor is pretty sure to be terminated by this time, the active factors in the ætiology of eclampsia are removed, and the patient has a fair chance to make a fight for life.⁵

The great benefit of saline transfusion after hemorrhage, and for the treatment of shock, is too well known to this audience to require further explanation. The excellent results obtained from it in the cases under consideration

¹ Fothergill, *Manual of Midwifery*, p. 377, 1896. Dorland, *Manual of Obstetrics*, p. 377, 1896.

² Krönig, *Centralblatt für Gynäkologie*, April 21, 1894. Also *Verhandlungen d. internatl. Kongress zu Rom*, 1894. Tweedy, *Dublin Journal of the Medical Sciences*, March, 1896.

³ Anstral, *MEDICAL GAZETTE*, May, 1894. *New York Medical Journal*, January 5, 1895.

⁴ Ferré, *Nouvelle Archiv d'Obstét et de Gynéc.*, September, 1894.

⁵ J. T. McShane, *Medicine*, August, 1896.

have led to the employment of it in eclampsia without venesection¹ and even to the use of large enemata of water alone with apparent benefit. Benefit in these cases is claimed to be due to dilution of the toxins and increased arterial tension with relaxed arterial spasm, which restores the secretion of urine.² There are those, especially in the French school, who place more emphasis on venesection in robust, full-blooded individuals.³ Kaltenbach of the German school states that bleeding has undoubtedly a favorable effect in strong plethoric women with great cyanosis, and this before our common use of saline transfusion. The "American Text-book of Obstetrics" quotes this remark and says: "We believe that bleeding in some cases of eclampsia rests upon a sound clinical basis."⁴ Some modern writers consider a high tension pulse in eclampsia with cerebral congestion, which is not relieved by the usual treatment, to be an indication for venesection,⁵ while a few years before the advent of saline transfusion venesection was a last resort for desperate cases in strong, deeply cyanotic women, or where there was extreme venous congestion of the lungs,⁶ but in many such cases the remedy comes too late to relieve the pulmonary œdema. Robert Barnes⁷ states that venesection has been too much neglected, and that it is undoubtedly the most prompt and powerful resource at our command for lowering the high muscular tension, a primary cause for the eclampsia; but he also notes the evil consequences of deterioration of the quality of the blood, which with our more modern knowledge of the benefit of saline transfusion loses much of its objection. Fordyce Barker was an advocate of venesection, and Lusk⁸

¹ Sené, *Mercredi Méd.*, Nr. 41, 1895. Calderini, *Centralblatt für Gynäkologie*, No. 20, 1894. Davis, *Medical News*, Philad., Vol. LXVI, p. 161, 1895.

² Lanphear, *Texas Medical Journal*, August, 1895. Audebert, *Nouvelle Archiv d'Obstét. et de Gynéc.*, Nr. 9, 1895. Pollak, *New York Am. Gyn. and Obst. Journal*, Vol. VII, p. 619, 1895.

³ Charpentier, *Centralblatt für Gynäkologie*, No. 39, 1896.

⁴ Page 635.

⁵ Hirst, *American System of Obstetrics*, Vol. II, p. 82, 1899.

⁶ Playfair, *System of Midwifery*, p. 579, 1885. Leishman, *System of Midwifery*, p. 684, 1875. Reynolds, *Practical Midwifery*, p. 1894. Galabin's *Midwifery*, p. 281, 1886. Veit in P. Müller's *Handbuch der Geburtshilfe*, Bd. II, p. 82, 1889.

⁷ *System of Obstetric Medicine and Surgery*, p. 300, 1885.

⁸ *Science and Art of Midwifery*, p. 572, 1892.

recommended it as the first step in the treatment of convulsions previous to delivery. In two hundred and ten cases of eclampsia in the Paris clinics treated by venesection without transfusion, there was a maternal mortality of 26.1. The effect was prompt, and nearly always there was a greater interval between the attacks and much less rigidity of the cervix. This mortality is rather too favorable for venesection alone, but combined with saline transfusion the maternal mortality should be much lower.

Bleeding diminishes the amount of blood corpuscles in circulation, but they are soon replaced to a sufficient extent for the patients' needs. It may be urged that this condition is dangerously near those occurring from poisoning from water gas, in which death results not from suffocation due to absense of oxygen, but from impairment of the red blood corpuscles, due to the insoluble compound of their hæmatin with the carbon monoxide, which prevents areation of the blood. The conditions also differ in degree. In fatal water gas poisoning, the destruction of the hæmatin in the red blood corpuscles is much more complete than the loss of hæmatin resulting from the diminution of the number of red corpuscles from venesection and dilution of the blood.

We may briefly summarize as follows: Venesection is only occasionally applicable, and is admissible in selected cases of eclampsia with high tension pulse, protracted cyanosis, and weak, rapid pulse. It should be employed before extreme exhaustion and pulmonary œdema occur. The amount of blood taken must be regulated by the condition of the patient, whether she be robust or only moderately vigorous. In a general way, ten to twenty ounces is sufficient, and the operation should not be repeated.

The purpose of venesection is not to diminish blood pressure alone, but rather to remove and to dilute the toxins in the blood, relieve vaso-motor irritation and arteriole spasm, and thus promote elimination of the toxins. The free use of saline transfusion or as rectal injections is always advisable in the treatment of eclampsia independent of venesection, and should always accompany the latter.

AN OLD DISLOCATION OF THE ELBOW.

BY G. A. TOWER, M.D.

[Read before the Boston Homœopathic Medical Society.]

A case that has recently come under my observation I am inclined to think will bring to us all a word of caution which will not be out of place here, inasmuch as it was first seen by a regular physician in good standing, with a large experience covering many years. And right here I want to say I have no word of censure for the regular doctor, for we all have had, or may in the future have some experience which we would not care to relate in full.

Mrs. S. P., of Sudbury, age thirty-eight years, weight 160 pounds, was tipped out of a sleigh February 8, 1898. Hurting her left arm badly she at once applied to the nearest physician. He told her the elbow was out of joint and proceeded to reduce the dislocation. Although the time was less than one hour between the accident and the "setting," the arm was so badly swollen that the doctor told her he could not be sure of its being in place for a few days, especially as the arm could not be flexed because of severe pain.

It was put in a straight splint, and the doctor called at regular intervals to remove it, bathe the arm, and again replace the splint, each time assuring them it was doing well.

This process and the pain continued about three weeks, during which time the only rest obtained was in a chair.

March 1 the splint was removed, and the lady was told to bathe and rub the arm every day to reduce the swelling, and flex it a little each day to preserve the mobility of the joint.

The pain and swelling continued, and the least attempt to flex the arm caused intense pain.

When the attending physician called March 8, he assured her it was doing as well as could be expected, and that he was satisfied with the progress of the case, but if she was not, she could consult any other physician she wished.

They decided to obtain other counsel, and called upon me March 10. I found the elbow badly swollen, could not flex the arm at all without causing severe pain, and there

was abnormal lateral motion with very little pain. The hand was in a state of supination. The arm being naturally fleshy, that with the swelling made it impossible for me to outline the lower extremity of the humerus in front, and left me very uncertain about the olecranon process of the ulna.

This of course was partially due to the extreme sensitiveness to pressure. But unnecessary pain is not called for in such cases at the present time. The X-ray will solve the problem without suffering and beyond question.

I at once applied to the Stanley Brothers, of Newton, who manufacture X-ray machines for office work, and the skia-graph there obtained gave us the positive evidence.

The joint was still dislocated backward (which injury was not complicated by a fracture), with the coronoid process of the ulna in the olecranon fossa, — where it had been for the last four weeks.

Perhaps it is well right here to consider the conditions we have to meet in such a case. We have the coronoid process locked in the olecranon fossa, held there firmly by the brachialis anticus, taking its origin from the lower half of the anterior surface of the humerus, with its tendon inserted in the under surface of the coronoid process.

This tendon is drawn firmly over the articular surface of the humerus. The biceps attached a little lower on the inner surface of the radius. These two muscles are holding the coronoid process firmly in its unnatural position.

Posterior we have the strong triceps attached to the olecranon, drawing it firmly upward. Then again there are many of the flexor and extensor muscles of the forearm and hand attached to the condyles of the humerus, all more or less contracted to adapt themselves to the shortened condition. These, together with the partially healed and contracted ligaments with such new attachments as may have formed, present a formidable array of obstacles not found in recent cases, and not always easy to overcome.

I at once gave ether and proceeded to reduce the dislocation, not overconfident of success in a luxation of so long standing. I first tried Sir Astley Cooper's method, which,

while often successful in recent cases, may be theoretically right, but the leg slips away from the joint, as it is too large.

The method is to seat the patient in a chair while the surgeon places his foot on the same, and placing his knee on the inner side of the elbow seizes the wrist of the injured arm and bends it forcibly round the leg.

In this case it was a failure. I next tried extension according to Dorsey, which consists of extension and counter extension, while the surgeon, locking the fingers of the two hands over the inner surface of the bend of the elbow, placing the two thumbs against the olecranon process, forces the latter downward, at the same time drawing the elbow backward so as to increase the flexion of the arm.

I also tried Waterman's method of forcibly extending the arm so as to make a fulcrum of the olecranon to lift the coracoid process from the olecranon fossa. The danger of this process is a possible fracture of the olecranon if too much force is used.

Feeling a little chagrined at my repeated failures, I tried a method that has served me well in recent cases. Seating myself in front of the patient I flexed the arm to an obtuse angle; placing the fingers of my right hand in the angle of the joint, with my thumb upon the point of the olecranon, I flexed the forearm, using my fingers as a fulcrum, while the thumb is pressing on the olecranon, and the joint slipped into place with what appeared to be very little force compared to the previous methods.

A later X-ray picture shows the joint in place.

The arm was well flexed, put in a splint, and is apparently doing well. Our brother is not alone in his misery, as many of these dislocations have been recognized and supposed to have been reduced, but were not.

Others were mistaken for fracture, while some have even been treated as a sprain, and this by good surgeons. Hamilton reports one case of his own where he thought he had reduced the dislocation.

He did not detect his mistake until the ninth day, and reduced it on the tenth. But that was before the X-ray.

As to the reduction of such cases Agnew says, after the lapse of four or five weeks they often become insurmountable, although a few successful cases are reported by good authority of from two to twenty-five months' standing. He reports two of his own, one of four and one of six weeks.

However, such attempts are not always without serious results. Reports can be found of death, of rupture of the brachial artery, of injury to the median nerve, causing paralysis, of gangrene, and amputation where too much force has been used at tempting to reduce these old dislocations, leaving it always a serious problem in what cases we shall make the attempt.

But it is much more serious with our modern light to leave a recent one unreduced.

TO ESCAPE BUBONIC PLAGUE. — What concerns us most on this continent is the use of preventive measures. As it has been proven over and over again that this disease no longer occurs in countries where the people are prosperous and enlightened and rigid in the inforcement of sanitary measures, the prospect of the disease gaining a foothold in this country or of even gaining admission through our quarantine stations is extremely unlikely. Nevertheless, the wise man is never self-satisfied, but always on the alert and prepared for any emergency that may arise. Our quarantine defences are, as a rule, excellent, and the officers in charge fully alive to the necessity of constant vigilance. As the disease prevails under faulty hygienic conditions, the obligation of the municipality is to remove all such faults and place the city in the best possible sanitary condition. Domestic and public cleanliness is the barrier to this and all other dangerous communicable diseases.

The public management of the plague is the same as we are accustomed to inforce with regard to contagious and infectious diseases generally, and consists primarily and fundamentally in isolation and disinfection.

A people prosperous, enlightened, progressive, and scrupulous in the application of well-known hygienic measures need have little fear of the Oriental plague finding a lodging place among them. — *Dr. Benjamin Lee, in Public Health.*

EDITORIAL.

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

INTEMPERATE LEGISLATION.

The interesting hearings which have been held during the past few weeks before the legislative committee of education have well illustrated that of all the people on this earth, the most *intemperate* are the so-called *temperance* folk.

Mrs. — Hunt, and the Rev. Dr. Morgan, backed by the W. C. T. U., not content with the result or failure of results in the compulsory teaching of the evil effects of alcohol and tobacco thus far, have introduced a bill which tends to force the matter to a point bordering on the *reductio ad absurdum* — a bill which, as we understand it, not only requires the subject to be taught, but defines just what and how many pages of text-book matter shall constitute the minimum required, and affixing a penalty on those teachers who do not comply, thus placing the teacher under a system of constant espionage or some sort of police surveillance. The testimony which has been given before the committee by such men as Dr. H. P. Bowditch, Dr. Fitz, Bishop Lawrence, Hon. Frank A. Hill of the State Board of Education, ought to convince any body of reasonable men that such legislation is, to say the least, not harmless. The valid objections are many, among which may be noted, first, that it tends to undermine one of the foundation principles of our whole public educational system, that is, perfect freedom of choice on the part of those selected by the people as to how the schools shall be conducted, not subject to the whims or beliefs or fanaticism of any sect or society. If the so-called temperance advocates dictate that evil effects of alcohol shall be taught, and how much, the Roman Catholics have a right to demand that the infallibility of the Church shall be taught; the Presbyterians, that their articles of faith

shall be incorporated in the curriculum, and to what extent ; the believers in the "morning tub" might claim that the teacher should see to it that each child was given a cold bath every day ; and so on, *ad infinitum et nauseam*. To each of these their own peculiar ideas are just as dear and of as much importance as are the beliefs of these intemperate advocates to themselves.

Another objection is, that under the present system of instruction they do not and never have taught the truth, but the truth as viewed through their glasses, and not only have they not taught the whole truth, but have taught what to many thinking minds is absolutely false.

Again, we believe that no teacher of any self-respect would be willing to teach any subject under danger of penalty, and a feeling of being under constant espionage, especially when that surveillance was not under the direct control of the committee or superintendent to whom they were responsible in all other respects.

Again, the whole matter is wrong in principle at the start. Control of personal appetite is the thing that should be inculcated, not only with regard to alcohol, but toward all food and drink, as well as the temper and sexual appetite, and intemperance in thought and statement.

Lastly, the rankest intemperance in methods on the part of those who are insisting on temperance is an inconsistency which even a child cannot fail to observe. Alas !

" He preached 'gainst brandy, rum, and gin,
All kinds of liquor he 'd decry,
To drink he thought a terrible sin,
But he 'd eat the toughest kind of pie."

LADIES' HAHNEMANN ASSOCIATION.

It will be seen by the communication addressed to the GAZETTE elsewhere in this issue that the Ladies' Hahnemann Monument Association are pushing the work with vigor all over the country. It may also be seen by the report of the last meeting of the Boston Society that the

committee of lady members appointed to solicit and receive subscriptions for the monument are hard at work, and are having some success. Their efforts, however, it seems to us, are not meeting with quite so ready and cheerful a response as either our gallantry towards the ladies or the merits of the object itself demands. We are somewhat in the same predicament which Josiah Allen feared for Samantha's book when he exclaimed, "Who'll you get to read it when it's writ, Samanthy?" We have a monument and a place to put it, but no means with which to properly set it up. Now that the ladies have undertaken to obtain the funds for this purpose they will certainly do it, so we might as well contribute first as last, and do it cheerfully.

We remember that the Rev. David Wasson, than whom there never was a gentler, more loving spirit, once said to us in speaking of ladies: "The ladies! Bless them! Tyrants all, every one of them; but then such loving and lovely tyrants we are not happy lest subject to them."

But if there are any so devoid as not to be subject to the feminine appeal, to them the object itself should be sufficient. It is no disgrace *as yet* that the monument does not adorn our capital city, for the country has been in too disturbed a condition to consider such matters, but now peace is declared, and prosperity seems about to bless us, we ought to wait no longer. So send your subscriptions at once to Dr. Baker-Flint, or any other member of the Boston Committee.

OPENING OF THE NEW BUILDING AT WESTBORO HOSPITAL.

On March 10 the new building at the Westboro Insane Hospital was opened to the public and invited guests for inspection from 1 to 5 o'clock P.M. In the large day room on the male side, at two-thirty, the building was formally given over to the Board of Trustees, John M. Merriam, Esq., of South Framingham, presiding. Addresses were made by Col. Charles R. Codman, ex-chairman of the Board of Trustees, and at present a member of the State Board of

Insanity ; by Mr. Francis M. Dewson, an ex-member of the Board of Trustees ; by Mr. H. H. Atherton, senior Councillor of the State, representing His Excellency, the Governor ; and by Mr. Henry M. Kendall, of Kendall, Taylor & Stevens, of Boston, the architects under whose direction the building was erected. There was a large gathering of the laity to whom the beauty and adaptability of the building was something of a revelation.

We have previously given a description of the building. The furnishings are now complete ; the furniture of oak substantial and comfortable. The bedsteads were specially designed for the hospital by the Putnam Co., and look neat and comfortable. Each small private room is furnished with bed, table, wardrobe, chair, commode, and bureau. The large day or sitting rooms are furnished with polished oak furniture, handsome rugs, fireplace with andirons, and everything to make it homelike and attractive. On the eleventh of the month thirty-five patients (acute cases) were transferred from the old wards, and the new building is now in active work as an integral part of the hospital.

There are two things for which this building should be noted. It is the first insane hospital in New England to have a complete Turkish bath, and secondly, it is a State building, built with public money, and has been *entirely* finished *within the original appropriations*. It proves that the thing can be done sometimes.

LADIES' HAHNEMANN MONUMENT ASSOCIATION.

BUFFALO, February 1, 1899.

Dear Mr. Editor, — The president of the Ladies' Hahnemann Monument Association has authorized me to communicate some facts which may be of interest to your readers. The work of raising money for the Hahnemann Monument by the above organization came to an abrupt standstill soon after the association was formed, on account of the war with Spain.

Now that these momentous conditions are changed to an era of peace and prosperity, the project is again being pushed in every part of the United States of collecting the requisite amount to assist in completing this most superb memorial to the founder of homœopathy.

Many distinguished women in all sections of the country are interested in this movement; a few names will suffice to show the kind of representation the organization has:—

Mrs. M. A. Hanna, Ohio; Mrs. George Westinghouse, Washington, D. C.; Mrs. John Dalzell, Pennsylvania; Mrs. James A. Mount, Indiana; Mrs. H. Clay Evans, Tennessee; Mrs. William Appleton, Massachusetts; Mrs. H. N. Higginbotham, Illinois; Mrs. John S. Newberry, Michigan; Mrs. Elihu Root, New York; Mrs. John H. Vincent, Kansas.

Could this work of raising a monument to Samuel Hahnemann have a stronger indorsement among the laity than these brilliant names?

This effort, combined with the splendid achievement of the physicians' committee in obtaining \$30,000 for this object, insures the success of the entire movement.

One of the several methods employed by the Ladies' Hahnemann Monument Association has been to send out a personal letter to homœopathic physicians, intending to interest those who have not yet given, asking for small contributions to the fund.

This appeal, only just begun, has at the outset met with most encouraging results, especially noteworthy because many of the physicians whose names are here given had already contributed once, twice, and even thrice to the Hahnemann Monument fund. The courtesy of the replies for promptness, kind words, and the enclosures is deeply appreciated by all concerned.

In the near future the complete report of the treasurer, Mrs. A. R. Wright, will be forwarded for publication in your valuable columns. Physicians' contributions will be sent as often as amounts warrant it. Very cordially yours,

ANNIE H. FROST,
Assistant Secretary.

EDITORIAL NOTES AND COMMENTS.

We regret very much that through an oversight on the part of the editor the names of the author of the article on "Bromime Vapor," Dr. Dwight Warren, of Winsted, Conn., and the author of the article on "The Physician and the Public Schools," Dr. J. H. Bennett, of Pawtucket, R. I., were omitted from the headings of the articles.

Dr. Marie J. Mergler has been elected Dean of Northwestern University Woman's Medical School, in place of Dr. I. N. Danforth, resigned. Dr. Danforth has been elected Dean Emeritus.

The yearly course at this school has been changed from one of two semesters to one of four semesters of twelve weeks each, commencing the first of July, October, January, and April. Three semesters will be required; the other semester will be optional. The number of regular students will be limited to one hundred; twenty-five in each class. They will be admitted to competitive examination for place in class, only after having complied with the requirements of the State Board of Health.

Examinations of applicants to fill vacancies on the House Staff of the Brooklyn Homœopathic Hospital will be held on April 19, and again on May 8, at noon at the Hospital 109 Cumberland Street.

The following clipping from the *Ann Arbor Daily Argus* shows the satisfactory growth of the Homœopathic Hospital at Ann Arbor:—

The real work and growth of the university hospital, homœopathic, is not fully understood or realized by many. To give a clearer view of what has been done, the following facts have been gleaned from a report by Dr. E. B. Maynard, the hospital superintendent. The material growth of the homœopathic department has been much greater than that of any other. During the past three years the amount of cash turned into the treasurer of the university homœopathic department has grown as follows: 1896, \$1,751.15; 1897, \$3,468.60; 1898, \$7,934.39. The excess in attendance at the hospital this year over two years ago is 19 patients daily. Although the

regular accommodations of the hospital during the past year were 55, as many as 65 have at one time been crowded into its wards. The classification of patients during the last year by occupation is as follows: Percentage of entire number admitted, farmers' wives, 25 per cent; farmers, 14; farmers' sons and daughters, 16; farmers' babies and small children, 6; farm domestics, 2; farm hands, 4; total, 67 per cent; mechanics, 6; paupers, 2; domestics, 1; children not from farms, 1; students, 10; unclassified, 13; total 33 per cent, which goes to make up the 100 per cent or the whole.

SOCIETIES.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

Business Session.

The regular meeting of the society was held at the Boston University School of Medicine, Thursday evening, March 2, 1899, at eight o'clock, President Sarah S. Windsor, M.D., in the chair.

The records of the last meeting were read and approved.

The following physicians were proposed for membership: Wilmot L. Marden, M.D., Lynn, Susan B. H. Gibbs, M.D., Roxbury, and Chas. S. Capelle, M.D., Roxbury.

Granville E. Hoffses, M.D., Boston, and Frank E. Schubmehl, M.D., Allston, were elected to membership.

The following amendment to the By-Laws proposed at the February meeting, providing for the expulsion of members was adopted: —

Any member may be expelled from the society, or having resigned his membership may be deprived of his privileges, by a vote of two thirds of the members present at any regular meeting, upon charges of the following description, provided the charge or charges against him have first been considered by the Executive Committee, and provided he has been notified of the same by the Secretary and an opportunity has thereby been given him to make his defence before the society: —

1. For any gross and notorious immorality or infamous crime under the laws of the land.

2. For any attempt to subvert the objects or injure the reputation of the society.

3. For advertising, publicly vending, or pretending to the knowledge and use of any secret nostrum.

4. For advertising one's self or knowingly allowing one's self to be advertised as possessing remarkable or extraordinary powers of ability.

5. For any conduct which, in the opinion of two thirds of the members present at any regular meeting, shall be dishonorable.

The committee appointed to draw up resolutions on the death of Dr. John T. Harris reported as follows:—

Whereas, Dr. John T. Harris, after a long life devoted to the faithful performance to his duty, has been called to his well-earned rest, therefore,

Resolved, That we, the members of the Boston Homœopathic Medical Society, testify to the high regard in which he was held in our midst, to our appreciation of his qualities of earnest devotion to his professional and other duties, his uprightness of character, his kindly disposition, and the good example he always set his colleagues and the younger generation.

Resolved, That we desire to express to his family and relatives our sympathy in this time of their bereavement, and to place such expression upon the records of our society.

ALONZO BOOTHBY,

JOHN P. SUTHERLAND,

ALONZO G. HOWARD,

Committee.

Dr. Baker-Flint, chairman of the committee to solicit funds for the completion of the Hahnemann Monument reported progress and acknowledged receipt of the following sums:—

By Dr. Appleton . . .	\$1.50.	
„ „ „ . . .	5.00.	
„ „ J. E. Briggs . . .	5.00.	2d subscription.
„ „ Baker-Flint . . .	15.00.	3d „
„ „ W. E. Barnes . . .	5.00.	
„ „ H. C. Clapp . . .	5.00.	3d „
„ „ J. W. Clapp . . .	5.00.	
„ „ A. B. Church . . .	5.00.	
„ „ Benj. Church . . .	5.00.	

By Dr. H. B. Cross . . .	5.00.	2d subscription.
„ „ Coon	5.00.	
„ „ E. B. Cahill . . .	5.00.	
„ „ Cole	5.00.	
„ „ N. L. Damon . . .	10.00.	
„ Mr. D. B. Flint . . .	54.00.	
„ Dr. M. S. Hornby . .	5.00.	
„ „ Lucy Hall	5.00.	
„ „ Lucy Hill	5.00.	
„ „ Krauss	5.00.	
„ „ G. E. May	5.00.	
„ „ F. M. Morris . . .	10.00.	
„ „ Horace Packard . .	10.00.	3d „
„ „ N. R. Perkins . . .	5.00.	
„ „ G. A. Suffa	5.00.	
„ „ J. P. Sutherland . .	5.00.	
„ „ I. T. Talbot	10.00.	3d „
„ „ W. T. Talbot . . .	10.00.	
„ Mrs. E. P. Thayer . .	5.00.	
„ Dr. C. H. Thomas . .	5.00.	
„ „ Tower	5.00.	
„ „ Isabel Weston . . .	5.00.	

\$235.50.

Dr. Sutherland called the attention of the society to a matter which he considered of vital importance to medical education, and suggested the following petition to be presented to the Legislative Committee on Public Health, who has under consideration a bill to authorize the practice of Osteopathy in the Commonwealth of Massachusetts:—

TO THE COMMITTEE ON PUBLIC HEALTH.

GENTLEMEN, — *Whereas*, there is now before your honorable body for consideration a proposed bill (Senate, No. 64) called “An Act to Authorize the Practice of Osteopathy,” which proposed bill sets forth that on a most insufficient medical education a person may be qualified to practice the healing art,

Therefore we, the members of the Boston Homœopathic Medical Society, in formal meeting assembled, do offer to the consideration of your honorable body the following resolutions:—

Resolved, That we, the members of the Boston Homœopathic Medical Society, regard with regret and apprehension any efforts whatsoever to lower the standards of medical education set up by the existing laws of the State of Massachusetts:

And Resolved, That we desire to put ourselves on record as emphatically opposed to the lowering of the standards of medical education, and the consequent inevitable opening of the doors of medical practice to the many forms of incompetence so dangerous to the welfare of a community.

SARAH S. WINDSOR, M.D., *President*.

FRANK E. ALLARD, M.D., *Gen'l Secretary*.

EDWARD E. ALLEN, M.D., *Assoc. Secretary*.

Dr. N. R. Perkins moved that the petition be adopted, which was seconded.

After a brief discussion as to the merits of the bill, the society voted that the petition be adopted and a copy forwarded to the chairman of the Committee on Public Health.

The President appointed Drs. Batchelder, Jenness, and Hunt a committee to nominate sectional officers for the ensuing year. The committee reported as follows: Chairman, Geo. R. Southwick, M.D.; Secretary, Grace E. Cross, M.D., and Geo. W. Haywood, M.D., who were duly elected by the society.

REPORT OF THE SECTION OF GYNÆCOLOGY AND OBSTETRICS.

EUGENIE M. PHILLIPS, M.D., *Chairman*;

C. P. HOLDEN, M.D., *Secretary*;

MARY R. LAKEMAN, M.D., *Treasurer*.

1. Modern Asepsis and the Interpretation of Temperature in the Puerperal State, George R. Southwick, M.D. Discussion.
2. Mechanical Support to the Pendulous Abdomen and Enfeebled Abdominal Muscles, Walter Wesselhoeft, M.D.
3. An Obstetrical Apparatus, Illustrated by S. B. Elliot, M.D.

The first paper of the evening was read by Dr. Southwick and contained many practical points and valuable hints for the general practitioner.

Dr. Wesselhoeft gave an informal talk on enfeebled abdominal and spinal muscles and illustrated his remarks by means of an outline, drawn upon the blackboard, of a lateral view of the female figure, showing abdomen, spine, and pelvis. He stated that the enfeebling of the spinal muscles is expressed in the symptom of backache, whether that enfeebling arose, as it does frequently, from imperfectly devel-

oped muscles or from muscles which have undergone a process of degeneration. The region of that weakness is below the waist and in the muscles of the back. Backache, lassitude, and more or less of bearing down and disinclination to stand are the symptoms which rob the patient of all enjoyment of life. With the advancement of civilization and our unnatural methods of living, that is, the absence of exercise from infancy upwards, there is an imperfect development of muscular tissue, which is essential to the keeping of the body in position and well poised. When this fails there are a variety of enervations to which this mass of muscular fibre is susceptible, all of which produce very speedily backache, in consequence of directly lowering the tone of the nerves controlling the muscles and their relaxation follows. All these cases are aggravated and often caused by pelvic derangements. All these organs are so endowed with nerves, the radiation of which, and all enfeebling of which, is reflected back to the whole organism, shown by lessened activity. Often the first suspicion a woman has of some trouble of the pelvic organs is backache, which is also caused, we know, by displacement. The numerous forms of backache have been treated pathologically and surgically. There is still another method, that of raising the tone of the whole system. If there is a gradual waste of muscular tissue, the trouble will not be removed. Then something else must be done, and here you will find that the corsets will give the support craved. Girls in their teens and women wear them for this purpose, and once they have that support they cannot be weaned from the use of them. The corset, if properly constructed and worn, is not so dangerous as supposed.

Dr. Wesselhoeft exhibited the Longstreth corset and belt, and recommended its use in all cases of enfeebled abdominal and spinal muscles.

Dr. S. B. Elliot next exhibited an obstetrical apparatus, the practical workings of which were shown by its application to a student. The principle, he said, was very old, but if there was any apparatus in use just like this he did not

know of it. He has used it in many cases in his own practice and had found it, as a mechanical support during labor, of great service. It can be applied in the early stage of labor, but in the latter part it is better to take it off. The apparatus was made of duck strongly stitched together, and can be easily sterilized by placing in boiling water. Will bear a good deal of force, at least two hundred pounds. Cost of making from \$3 to \$5.

The meeting adjourned at 10 P.M.

F. E. ALLARD,
General Secretary.

HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.

The annual meeting of this society was held at Cooley's Hotel, Springfield, Mass., Wednesday, March 15, 1899, at 11.30 A.M., the President, W. P. Wentworth, M.D., in the chair.

The records of the last meeting were read by the Secretary and accepted. The report of the Treasurer was read and accepted.

The following names were proposed for membership, and referred to Board of Censors: G. B. Maxwell, M.D., Chicopee Falls, James M. Gates, M.D., Springfield, Edward A. Darby, M.D., Northampton, Margeret G. Darby, M.D., Northampton, O. W. Lane, M.D., Great Barrington.

The following names were dropped from the roll for non-payment of dues: E. A. Murdock, M.D., Spencer, Mass., H. E. Russegue, M.D., Hartford, Conn., G. R. Spooner, M.D., North Brookfield, Mass. It was voted that the dues of Dwight Warren, M.D., be remitted. J. N. Woods, M.D., of New Haven, Conn., by vote of the society, was made an Honorary Member. It was unanimously voted that the society contribute twenty-five (\$25) dollars towards the Hahne-mann Monument.

Officers of the society for the ensuing year were elected as follows: President, F. A. Woods, M.D., Holyoke, Mass.; First Vice-President, H. R. Sackett, M.D., Holyoke, Mass.; Second Vice-President, Clarice J. Parsons, M.D., Springfield;

Secretary and Treasurer, Alice E. Rowe, M.D., Springfield; Censors, O. W. Roberts, M.D., Springfield; G. H. Wilkins, M.D., Palmer; J. P. Rand, M.D., Monson.

Scientific Session.

Bureau: Surgery, Pathology, Microscopy, H. R. Sackett, M.D., Chairman.

1. Malignant Disease of the Uterus and Vaginal Hysterectomy, William F. Wesselhoeft, M.D., Boston. 1 P.M. adjourned for dinner.

2. Movable Kidney, Sidney F. Wilcox, M.D., New York City.

3. Testimony of the Oncometre and Microscope upon the Influence of Anæsthetics on Renal Activity, F. P. Batchelder, Boston.

A vote of thanks was extended to the physicians present from New York and Boston, for the scholarly papers which they presented to the society.

The meeting adjourned at 4 P.M.

Alice E. Rowe,

Springfield, Mass., March 15, 1899.

Secretary.

Dr. A. M. Cushing, of Springfield, Mass., entertained twenty fellow physicians at a dinner at Barr's restaurant, on the evening of March 1, it being the forty-third anniversary of his graduation from the Homœopathic Medical College of Philadelphia. Dr. Cushing was called upon for a speech, and during the response said that one of his reasons for calling the physicians together was the formation of a society for the study of *Materia Medica*. His suggestion met with hearty approval, and a club was organized to be known as the Allen Homœopathic *Materia Medica* Club, in appreciation of the work of Dr. Timothy Field Allen, of New York.

Dr. A. M. Cushing was unanimously elected President, Dr. Clarice J. Parsons, Secretary.

The first meeting of the club was held at the residence of Dr. J. H. Carmichael, on Maple Street, on Monday evening, March 6.

The meetings will be held on the evening of the first Monday of each month, excepting July and August.

CLARICE J. PARSONS,

Secretary.

VALUE OF RADIOGRAPHS. — Dr. T. H. Myers said that he had tried, but usually in vain, to detect abscesses, tubercular foci, and other lesions in the bones by means of skiagraphy. In a case of abscess of the head of the tibia an area of diminished density at the site of the abscess had been clearly revealed, with increased density about it, similar to the contrast seen between the centre and the periphery of a long bone in any skiagraph.

Dr. Phelps said that a radiograph would usually show a shadow where there was a lesion, but it could not tell what it was. He had been deceived by pictures taken by good machines, and had cut down upon lesions which did not exist. It was not possible to diagnosticate lesions of the soft parts by means of radiography, but if an abscess was known to exist it would aid in locating it.

Dr. H. L. Taylor said radiographs could not, until further improved, be expected to more than indicate certain physical changes in bone. If the structure had become so attenuated by disease that the X-ray could pass the focus of disease would be indicated, not otherwise. Intelligence and experience should be brought to the interpretation of these pictures which are subject to all the distortions of shadows and the errors of photographic processes. A radiogram which was said to reveal the epiphyseal line had really shown a crack in the photographic film. He had a picture of tuberculosis of the carpus, in which the diseased foci were shown with the greatest clearness. A cyst of the bone would be revealed if the walls were sufficiently thin to allow the rays to pass.

Dr. Whitman thought that all X-ray pictures should be interpreted. They were of great service to one who had clear ideas of what he was looking for. — *From the January Proceedings of the N. Y. Academy of Medicine.*

ANNUAL REUNION OF THE ALUMNI ASSOCIATION OF THE HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA, WEDNESDAY, MAY 10, 1899. — The Annual Reunion and Banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Wednesday, May 10, 1899.

The business meeting will convene at 4.30 P.M., in Alumni Hall, Hahnemann Medical College, Broad Street above Race, Philadelphia, and the Banquet will be held at 9.45 P.M., at the "Walton," southeast corner Broad and Locust Streets.

The Trustees and Faculty of the college extend a cordial invitation to all the members of the Alumni and their friends to attend the Fifty-first Annual Commencement, to be held the same evening, at 8 o'clock, at the Academy of Music, southwest corner Broad and Locust Streets, Philadelphia.

Banquet Cards can be secured by notifying the Secretary. Requests received after Wednesday, May 9, 1899, cannot be considered.

W. D. CARTER, M.D., *Secretary*.
1533 South Fifteenth Street, Philadelphia.

Officers.

President, William R. King, M.D., '81, Washington, D. C.

Vice-Presidents, A. M. Cushing, M.D., '56, Springfield, Mass.; J. S. Hoffman, M.D., '85, Jersey City, N. J.; Chas. C. Cresson, M.D., '55, Germantown, Phila.

Treasurer, William H. Keim, M.D., '71, Philadelphia.

Permanent Secretary, Woodward D. Carter, M.D., '94, Philadelphia.

Provisional Secretary, F. Walter Brierly, M.D., '94, Philadelphia.

Necrologist, T. Elwood Parker, M.D., '80, Woodbury, N. J.

Executive Committee, one year : Isaac G. Smedley, M.D., '80, Philadelphia; Daniel P. Maddux, M.D., '83, Chester, Pa.; Joseph C. Guernsey, M.D., '72, Philadelphia. Two years : Carl V. Visser, M.D., '87, Philadelphia; Edward W. Mercer, M.D., '84, Philadelphia; James H. Closson, M.D., '86, Philadelphia. Three years : J. Nicholas Mitchell, M.D., '72, Philadelphia; Alfred W. Baily, M.D., '86, Atlantic City, N. J.; Edmund H. Kase, M.D., '88, Philadelphia.

REVIEWS AND NOTICES OF BOOKS.

THE SEXUAL INSTINCT: ITS USES AND DANGERS AS AFFECTING HEREDITY AND MORALS. By James Foster Scott, B.A., M.D., C.M. New York: E. B. Treat & Co. 1899. Price, \$2.00.

This book, the author says in his preface, "is to furnish the non-professional man with a sufficiently thorough knowledge of matters pertaining to the sexual sphere — knowledge which he cannot afford to be without." But in our judgment it should be carefully read by all physicians and the knowledge and facts therein contained known by all mothers. The work is divided into thirteen chapters as follows: —

I. Introductory. The Sexual Instinct and the Importance of a Just Appreciation of Its Influence.

II. Physiology of the Sexual Life.

III. A Proper Calculation of the Consequences of Impurity from the Personal Standpoint.

IV. Woman and the Unmanliness of Degrading Her.

V. Some of the Influences which Incite to Sexual Immorality.

VI. Prostitution and the Influences that Lead a Woman into such a Life.

VII. The Regulation of Prostitution.

VIII. Criminal Abortion.

IX. Gonorrhoea.

X. Chancroid.

XI. Syphilis.

XII. Onanism.

XIII. The Perversions.

This book fills a need. On no subject does the present condition of society need more enlightenment and on none has it been more difficult to obtain reliable and proper information without consulting a large array of medical authorities. This knowledge has the author gathered, together with the results of his own observation and study, and has treated the whole subject in a most dignified manner and from the highest ethical standpoint. Every physician, every minister, every schoolmaster should read this book and then spread abroad its truths. To our mind such knowledge is by far more needed in the higher classes of our schools than much of the balder-dash they are obliged to teach by law under the guise of "Hygiene."

ANNUAL AND ANALYTICAL CYCLOPEDIA OF PRACTICAL MEDICINE. By Charles E. de M. Sarjous, M.D., and one hundred associated editors, assisted by corresponding editors, collaborators, and correspondents. Illustrated with chromolithographs, engravings, and maps. Vol. II. The F. A. Davis Company, Publishers. 1899.

This is the second volume of the Encyclopedia which has succeeded the publication of the old Sarjous Annual. We had occasion last year to comment most favorably on the first volume and this is its counterpart. The subjects range alphabetically from bromide of ethel to diphtheria, each subject being prefaced by authors especially interested in that branch of medicine. Especially to be noticed are the articles on "Cerebral Hemorrhage," "Cholelithiasis," "Chorea," "Cinchona," "Deaf-mutism," and "Diphtheria." No reference is made in the preface to the continuance of the monthly encyclopedias in magazine form which are supplementary and necessary to the integrity during the time of publication of the work. We judge, therefore, that they will continue.

As a convenient and at the same time thorough reference work, this book is the equal of any publication we are acquainted with. It contains a vast amount of knowledge, "boiled down" to meet the daily need of the busy practitioner.

DISEASES OF THE EAR, NOSE, AND THROAT AND THEIR ACCESSORY CAVITIES. By Seth Scott Bishop, M.D., D.C.L., LL.D., Professor of Diseases of the Nose, Throat, and Ear in the Illinois Medical College; Professor in the Chicago Post-Graduate Medical School and Hospital; Surgeon to the Post-Graduate Hospital; one of the Editors of the *Laryngoscope*, etc. Second edition. Thoroughly revised and enlarged. Illustrated with 94 chromolithographs and 215 half-tone and photo-engravings. $6\frac{1}{2} \times 9\frac{1}{2}$ inches. Pages xix-554. Extra cloth, \$4.00 net; sheep or half Russia, \$5.00. 1914-16 Cherry Street, Philadelphia: The F. A. Davis Co., Publishers.

That a second edition should be called for so soon is reliable evidence of the popularity of this book, and also of the author both as a writer and teacher. The book was written originally for students, or those desiring to devote some special attention to these disorders while following general practice. This prompt issue of a second edition has enabled the author to correct where faults were evident,

change somewhat the subject matter, adding largely to it, while at the same time bringing up to date the latest thought on many points which have received special attention and investigation within the past few years.

Of the 554 pages, 200 are devoted to the ear, and the remainder to the nose and throat. Over 21,000 clinical cases form the basis for practical deductions in diagnosis and treatment.

The two most interesting chapters written in a judicial and unbiased tone are those relating to "Hay-fever" and the use of "Anti-toxine in Diphtheria." Reference is also made to "Related Disease of the Eye and Nose" and "Life Insurance Affected by Diseases of the Ear, Nose, and Throat," which are important subjects, involving responsibility on the part of the family physician, as well as medical examiners. A very large part of the matter contained in this book is necessarily found in the many volumes issued upon these subjects in the past ten years, but in none is the subject presented in a more terse and readable form, while apparently covering every point with the skill of a master. It is this happy facility on the part of the author which has enabled him to produce so much in so compact a space.

It is a book which can confidently be recommended to students and general practitioners for study in detail, and even to the specialist for ready reference in case of forgotten or overlooked technique of local or hygienic treatment.

The name of the publisher is a guaranty of the quality of the press work.

T. M. S.

AN AMERICAN TEXT-BOOK OF DISEASES OF THE EYE, EAR, NOSE, AND THROAT. By fifty-eight prominent specialists. Edited by G. E. de Schweinitz, A.M., M.D., Professor of Ophthalmology in the Jefferson Medical College, Philadelphia; Consulting Ophthalmologist to the Philadelphia Polyclinic; Ophthalmic Surgeon to Philadelphia and Orthopedic Hospitals; and B. Alex. Randall, M.A., M.D., Ph.D., Professor of Diseases of the Ear in the University of Pennsylvania and Philadelphia Polyclinic; Ophthalmic and Aural Surgeon to the Methodist and Children's Hospitals. Illustrated with 766 engravings, 59 of them in color. pp. 1,251. 925 Walnut Street, Philadelphia: W. B. Saunders, Publisher. Cloth, \$7.00 net; sheep or half morocco, \$8.00 net.

This large volume is meant to rank as one of the "American Text-book" series, so well and favorably known, which are a credit

and honor to the progressive enterprise of the publisher, to whom the profession is already deeply indebted.

In the arrangement of space 600 pages are devoted to the eye, 200 to the ear, and 400 to the nose and throat. In the preface the editor pointing out the greatest use of the "collaboration method" quotes "the student gains the point of view of a number of teachers, reaping in a measure, the same benefit as would be obtained by following courses of instruction under different teachers."

In as much as this volume is, primarily, one of reference, although valuable as a text-book, the embryology, anatomy, histology, physiology, etc., of the various organs involved are given in detail, by men recognized as authorities, while the same care is shown in the medical treatment and surgical technique of the diseased conditions. The close relationship of these subjects in many pathological directions is the *raison d'être* in the mind of the editors for placing them in one volume. The writers of the articles, almost without exception clinical teachers, and trained to present only the salient points of a subject, are thus able to group in minute detail valuable material on each subject, previously scattered through medical literature and various text-books. The illustrations are numerous and of great value in elucidating the text, which follows the revised spelling, such as omitting the final "e" in bromide, iodide, and allied words, substituting the single letter for the diphthong, etc. An example worthy of imitation by all writers in books or journals.

To specialists a copy of this work seems absolutely essential, while its possession by any practitioner will assure to him the latest and best thought on these subjects. Among the contributors we find the names of Drs. Blake, Farlow, Green, Leland, and McCollom, of this city.

T. M. S.

REPRINTS AND MONOGRAPHS RECEIVED.

The Serum Treatment of Diphtheria. By William Cheatham, M.D. Reprinted from the *American Practitioner and News*.

The Use of Gloves in Surgery, with a Report of an Investigation as to the Efficacy of Cotton Gloves. By W. R. Lockett. Reprinted from the *Philadelphia Medical Journal*.

Twenty-First Annual Report of the Presbyterian Eye, Ear, and Throat Charity Hospital, of Baltimore. 1898.

PERSONAL AND NEWS ITEMS.

DR. GIVENS' Sanitarium for Mental and Nervous Diseases and Habitués of Drugs and Stimulants at Stamford, Conn., offers unexcelled advantages for those requiring special treatment. It is located within fifty minutes of New York City, on a hill overlooking Long Island Sound, and with forty-two trains each way daily. During the past year another cottage and many improvements have been added and the place is up to date in every respect.

FOR SALE. — Practice in town of 5,000 inhabitants, twenty-eight miles from Boston. Collections \$3,000 yearly. Will sell right. Address "A. E. C.," care of Otis Clapp & Son, 10 Park Square, Boston, Mass.

FOR SALE. — A good \$3,000 practice for sale in a town on the coast of Maine. Best of reasons for selling. Address "Doctor," care of Otis Clapp & Son, 10 Park Square, Boston, Mass.

THE PRINTING DEPARTMENT of the South End Industrial School, designed to teach boys and girls to print, and fitting them to fill good positions in large offices, solicits aid in the shape of orders for printing business cards, bill heads, reports, small pamphlets, etc., which they are prepared to do neatly, quickly, and at reasonable rates. Only advanced pupils are given order work. This is a charity which helps others to help themselves. Further information will be gladly given. Address 45 Bartlett Street, Roxbury. Telephone Roxbury, 229-2.

LUCILLE A. JAMES, M.D., class of 1897, Boston University School of Medicine, has removed to 222 West Newton Street, Boston.

MARGARET M. SANFORD, M.D., class of 1898, Boston University School of Medicine, has located at 1300 Massachusetts Avenue, Arlington Heights, Mass.

THE NEW ENGLAND MEDICAL GAZETTE

No. 5.

MAY, 1899.

Vol. XXXIV.

COMMUNICATIONS.

ADDRESS OF THE PRESIDENT OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

BY HERBERT C. CLAPP, M.D.

Ladies and Gentlemen of the Massachusetts Homœopathic Medical Society:—When we, as a society, review the history of homœopathy in Massachusetts during the year which ends to-day, three events of especial interest to our cause seem to stand out in prominent relief.

First. The old State Board of Lunacy and Charity, which, in the conduct of its affairs, had given great dissatisfaction in many quarters in other respects, and which (as more particularly concerns us) had by gross misrepresentation tried to explain away and deny our superior success in the treatment of the insane at our hospital in Westboro, and to make unfounded charges against that institution — this proud board was, in the year just passed, made to step down and out; and by a kind of retributive justice, the chairman of the board of trustees of our Westboro hospital, who in his representative capacity had been the target for the assault, was made a member of the new State Board of Insanity which replaced the old Board of Lunacy and Charity, so far as the treatment of the insane was concerned.

Second. Our Commonwealth, through its Legislature, as if to resent the insinuations just referred to, and as a further expression of approval of the good work done there by the homœopathic profession, has completed within the past year, at a cost of more than \$50,000, on the grounds of our West-

boro hospital, a new and handsome building, complete in all its appointments, for the isolation and treatment of the acute insane. At the extra mid-winter meeting of this society which was held at this hospital in January last, those of you who were present had an opportunity to examine this new building. Valuable as it is, however, it is but the natural outgrowth of the policy of the State with regard to an institution which has been in active operation on the same lines for more than a dozen years.

Third. By far the most important public measure in the advancement of homœopathy during the past year, marking as it does an entirely new departure in the policy of our government, has been its recognition by the State of Massachusetts on an equality with the system of the old school, in the opening of the new and large Massachusetts Hospital for Consumptives and Tubercular Patients, at Rutland, Mass., in its remarkably beautiful and healthful location in the geographical centre of our State. A part of my excuse for dwelling particularly upon this third division of my subject is that "out of the abundance of the heart the mouth speaketh."

This is the only instance where our Commonwealth gives practical recognition to the two schools side by side ; although the practice of establishing and endowing by private munificence such joint hospitals in our smaller cities and towns, notably in Newton, Chelsea, Malden, Somerville, Brockton, Lowell, etc., has been becoming rather popular.

This Rutland hospital was opened just six months ago, and has already become an established institution. The board of trustees comprises two medical men, one an honored member of this society, and the other a broad-minded member of the Massachusetts Medical Society, together with three liberal laymen — one a lawyer, one a manufacturer, and the other an editor. Acting under the requirements of the act of the Legislature which created this board, they appointed, to have supervising charge of the medical treatment, one visiting physician of the old school and one homœopathist, with equal rights and privileges, and also graduate internes or house

physicians of like diversity. The superintendent and matron are fair and impartial, and the nurses have been trained in hospitals of both kinds. Up to the present time there has been no clashing, and the greatest harmony prevails. While the hospital was filling up, patients, on entering, were assigned to successive beds without distinction as to modes of treatment. In other words, the sheep and the goats, the wheat and the tares, the lions and the lambs, provided they were of the same sex, were mixed up together, like this metaphor.

For obvious reasons no detailed report can yet be made; but what has happened so far gives promise of many recoveries. Already, even in this short time, there have been a few cases which have been apparently cured, and others in which the disease appears to have been arrested, — for how long a time it yet remains to be seen. The cases of *improvement* have been so numerous as to include the great majority, in spite of the fact that often, especially at first, cases were received which were undesirable because too far advanced. In future it is proposed to draw the line more strictly, and to receive only incipient cases or those which have made little progress. The decrease in fever, cough, expectoration, blood-spitting, and night sweats, and the increase in appetite, digestive and assimilative power, strength, and weight have been so marked and so frequent that in many cases they are now looked for almost as a matter of course. Recovery is not expected in every instance. No such extravagant and ridiculous claims are made. No magic wands are waved, no marvellous incantations are uttered, no weird subterranean powers are summoned, no secret or occult influences are invoked. No principles or methods of treatment are employed, except such as might be proclaimed from the housetops.

And yet the opinions of those most competent to judge, of those who have treated the disease for years in our cities and larger towns, especially among the same class of people as most of the Rutland hospital patients, are and must be that for some reason or other physicians in cities lack the peculiar advantages which Rutland possesses, which accounts

for the comparative failure in their treatment. For certainly we must all admit that, of our patients with limited means who have been treated for recognized phthisis at their homes, in our more thickly settled communities (no matter how early in the disease they may have been seen), very few have recovered; the great majority even of incipient cases going from bad to worse before our very eyes. I doubt if any one will controvert this statement, unless it be the man who, during a large practice of thirty or forty years' duration, has never lost a case of pneumonia, or of diphtheria either, before or after the discovery of antitoxin. Consumption is a terrible disease and cannot, for many years at least, if ever, be robbed of all its terrors, in spite of the best medicinal, hygienic, and climatic treatment, in spite of all actual or possible new discoveries in science; nevertheless, those who have observed and are in a position to know, whether in this country or in Europe, feel confident of the superior efficacy of the modern sanatorium in the treatment of phthisis.

Now, in what does this superiority consist? Surely not in the medicines used, for they are the same as those used by practitioners in all of our cities and towns. The dietetic treatment in sanatoria is important, but, except as the digestion and assimilation of food are more or less dependent upon the conjoined measures employed there, it can be carried out anywhere, as can also the baths and other hydro-pathic measures and massage, as well as the breathing and other exercises,—if only people would do it. The regulation of a consumptive's exercise and rest according to well-defined principles is a matter of vital moment, and yet on this point much ignorance prevails among the medical profession, in consequence of which many lives are undoubtedly lost. Still, if the physician realizes its importance and will give enough time to it, it can be utilized for the patient, wherever he may live. Yet more important, but more difficult to manage at the patient's home, is the effort to procure an unbounded supply of pure *fresh air* direct from nature's laboratory, by day and by night, in winter and in summer, in spring and in fall, in season and out of season. Satisfac-

tory arrangements for this are hard to obtain in our cities and large towns. Even if their environments were not particularly unfavorable,—as they would be from bleak east winds just off the ocean, from density of population, with accompanying abundance of noxious germs of various kinds, from volumes of smoke and dust, from dampness of soil, etc.,—it is not easy to provide proper piazza space for day reclining, with the best sun exposure and sheltered from the worst winds; nor indeed do such patients often have sufficiently large sleeping rooms. Still, these obstacles are sometimes and to some extent surmountable; although in comparison with the deliciously pure and bracing, germ-free, elevated air of Rutland and some other localities, the air of such places is at best second or third or fourth class. Contrary to the opinion of some, even such city air, by night or by day, is vastly superior to the bad air breathed and re-breathed, over and over again, in which so many people seem to revel.

In what has already been presented, a part of the advantages of the sanatorium treatment (which sometimes can also be obtained at home) has been hinted at; but by far the most important benefit to be derived from a sanatorium is the opportunity there provided to regulate the patient's conduct and life by *the discipline* of the place. Even if the physician finds that all of the benefits above referred to, and others as well, can be secured to his patient at home (as rarely happens), yet he never knows whether or not his prescriptions are followed in detail. In many cases the patient uses his own judgment, and frequently makes exceptions for what seems to him good and sufficient reasons. The will power in this disease is often weakened as well as the body, and he finds it easy to make excuses to himself for neglecting the plain path of duty. If any one doubts this tendency, let him look back on his own life and try to recollect how often, not only on January 1, but on many other days, without even the pretext of will power weakened from tuberculosis, he has made good resolutions, and promised himself to pull those chest weights and swing those

Indian clubs in his bedroom so many times a day, for the development of his own muscle or for the relief of his own sedentary infirmities.

On the other hand, in a sanatorium a certain amount of military discipline prevails. The patient's life is a regular one, his duties are those of an established routine, and he does them the more easily because others by his side are doing the same things. Indeed, the keynote to the whole situation is the fact that, instead of being left to use his own judgment, he is practically under the thumb of the physician and his assistants, though not in an offensive sense; for he is a willing captive, and gives his cordial coopération in all the requirements, knowing full well that every one concerned is anxious with him for his recovery. If he cannot take the discipline he leaves the institution.

The night nurse, acting under instructions, keeps the windows open just so wide, no matter what the judgment of the patient may dictate. The latter lies abed, reclines in his steamer chair in the sun room or on the veranda, and takes walks or other exercises according to directions, and there are those near by whose duty it is to see that these directions are carried out. The nearer he gets to becoming a well man, the more liberty he has to regulate his own affairs. That this routine and discipline are not onerously irksome, and that the aggregation and close association of a large number of consumptives in one institution are not mentally depressing, as many people without experience theoretically imagine, can be easily proved by a visit to Rutland on any day, when demonstration will be forthcoming that it is one of the happiest communities in the world, at least to all external appearances.

That our new State hospital (or sanatorium, as we like to call it) will in the years to come save many lives and return them to their dear ones; that it will, from a pecuniary standpoint, restore many wage-earners to the support of their families, thereby adding also to the productive labor of their towns, counties, and State; that it will so arrest the disease in its graduates as to enable them to live right here where

they want to live, instead of in Colorado or Arizona, where their disease might have been arrested, but where they might not care permanently to reside ; and that, where lives cannot be saved, they may be prolonged by such treatment, is our fond hope and belief. But we are not satisfied merely with these closely related benefits. We like to consider our hospital not merely a sanatorium, but also a great *Normal School*, whose graduates, having there learned how to live, will become teachers in the communities in which they may settle — teachers of the laws of hygiene and healthy living, demonstrators of the importance of the destruction of tuberculous sputum, and apostles of the gospel of pure, fresh air, especially to consumptives, and more especially still to those of consumptive tendency ; for it is far easier and far better to prevent than to cure.

That there is need of missionary work in this direction, not only foreign, but also (we must confess) home missionary work, is beyond question. The air in our steam cars, where some of us spend so much time, is often vile beyond description. Our public halls, churches, lecture rooms, libraries, theatres, steamboats, and many other places are sometimes unbearable, and the air in all of them has often been proved to contain tubercle bacilli in abundance and of such virulence as to cause tuberculosis when injected into Guinea pigs, rabbits, etc.

Our graduates have been so thoroughly soaked in pure, delicious, fresh air that they learn to love it as the hunter loves camp life. Some of them may learn to teach something about dietetics, some to teach hygiene, but all can learn to preach the virtues of fresh air ; and if they become cranks upon this subject, so much the better chance they have of drawing the people up, somewhere near the proper line.

It may be said that it is not necessary to take a course in a consumptives' hospital, to be able to teach the virtues of fresh air ; but I have an idea that a man who has become a thorough master of the bicycle can better instruct another in riding than one who has never been on the machine him-

self, but who teaches it from theory only. Almost every man claims to believe in ventilation, and has done so for years ; and yet many places all around us continue to reek with foulness. It is the hardest thing in the world to persuade many consumptives at home to furnish themselves with fresh air. They are constantly afraid of taking cold. I have often thought how nice it would be if foul air could be *seen*, like smoke, as well as smelled, especially by those whose olfactories are not very acute. Probably, however, this sight would not be enough, as smoke does not always intimidate. Better might be the effect if the foulness showed itself as large particles of visible dust, or if it took to itself wings and hung in the air as innumerable living bugs, each intent upon mischief, — the patient not having imbibed ! Would that each consumptive might learn to dread the smell of bad air, as some people now dread the smell of ether on account of a suggested surgical operation, or of carbolic acid or other disinfectant on account of a suggested contagious disease. If they lack everything else, yet give them a longing for plenty of fresh air, such a longing as had Arabella Willson more than a generation ago, expressed in her classic poem which I quote, showing that then as now, and now as then, a bad environment often attaches to a so-called good place.

O Sextant of the meetin'-house, which sweeps
And dusts (or is supposed to) and makes fires
And lites the gass, and sometimes leaves a screw loose,
In which case it smells orful, worse than lamp ile, —
But, O Sextant, there are one kermoddity
Which 's more than gold, which doant cost nothin',
Worth more than anythin' except the sole of man !
I mean *pewer* are, — I mean *pewer* are.
It 's plenty out of doors, so plenty it doant no
What on airth to dew with itself, but flys about
Scatterin' leaves and blowin' off men's natts.
But, O Sextant, in our church it 's scarce as beauty,
Scarce as bank bills, when agints beggs for mischuns,
Which some say is purty often

(Tain't nothin' to me, what I give ain't nothin' to nobody) ;
but, O Sextant,
You shet 500 men, wimmin, and children,
Especially the latter, up in a tite place,
And every one brethes in and out, and out and in,
Say 20 times a minute, or 1200 breths an our.
How long will are last at that rate?
I ask you — fifteen minutes? — and then what shell be done?
Why then they brethe it over all agin,
And then agin, and so till each hes took it down
At least 10 times and let it up agin; and wat's more,
The same individoal doant have the privilege
Of brethin' his own are and no one's else,
Each one must take whatever comes to him.

Are is the same to us as milk to babes,
Or water is to fish, or pendulums to clox,
Or roots and airbs unto an Injun doctor,
Or little pills unto an omeopath,
Or boys to girls. Are is for us to brethe.
Wat signifies who preaches, if I brethe not?
Wat 's Poll? Wat 's Pollus to sinners who are ded?
Ded for want of breth ; why, Sextant, when we dye,
It 's only 'cause we can't brethe more, that's all.
And now, O Sextant, let me beg of you
To let a little are into our church,
And do it weekdays and on Sundays too.
It ain't much trouble ; only make a hole,
And are, fresh are, will joyfully come in.
It loves to come in where it can git warm.
And how it will then rouse the people up,
And sperrit up the preacher, and stop gargs
And yawns and figgits, as effectual
As wind on dry bones the Profit tells of.

BOSTON, MASS., April 12, 1899.

THE USE OF RUBBER GLOVES IN SURGERY.

BY HORACE PACKARD, M.D.

Modern surgical operations call for the utmost care in their preparation. It has been demonstrated beyond question that all of the undesirable sequelæ — such as inflammation, suppuration, septicæmia, stitch-hole abscesses, and delayed union — are the direct result of wound infection, either at the time of operation or subsequent thereto; from ineffective occlusion, due to defective dressings, or, possibly, occasional acute infection from pus-breeding microbes, already in the blood current of the patient. Such wound infection has become almost banished under modern methods.

Little by little and step by step, one detail after another has been perfected, until surgery has become as exact a science as any other procedure which depends on elaboration of details in the hands of many persons. Instruments, dressings, garments, ligatures, sutures, and sponges are with modern apparatus easily and certainly sterilized, so that they can be employed and come in contact with freshly wounded surfaces, with a scientific certainty that no infected material will be conveyed to the patient.

The surgeon's hands, and those of his assistants, obtrude a serious obstacle to the attainment of absolute surgical asepsis. It has long been the writer's settled conviction that post-operative suppuration is more frequently the result of contamination from the surgeon's own hands, or those of his assistants, than otherwise. Every surgeon engaged in active practice is sure to have his hands in contact with septic material every day. He can neither make a vaginal or rectal examination, nor an exploration of the axillary space, of the foot, of the toes, the cavity of the mouth or nose, without receiving upon his fingers multitudes of pathogenic bacteria, capable, if deposited upon a fresh wound, of setting up inflammation and suppuration. In an ordinary operation there are at least two assistants whose hands, equally liable to infection, come in contact with the wound or the various instruments, sponges, ligatures, etc., which are

employed in prosecution of the operation. Here then are six hands — six avenues through which infection may reach a wound. Hand disinfection through any of the methods now in vogue is an uncertain process. The multitude which have been recommended and the new ones constantly appearing furnish the best evidence of their inefficiency.

Carbolic acid, corrosive sublimate, creolin, lysol, trebinthina, alcohol, permanganate of potash, formalin, chloride of lime and soda have in turn had their day. Some of these, coupled with abundant use of soap and water and friction, have shown a very near approximation to the desired goal, and yet bacteriological tests have in every instance demonstrated an appreciable per cent of failure.

In the last eighteen years the writer has faithfully tried every expedient in the line of chemical hand disinfectants which have been recommended, with the result that frequent instances of wound infection cropped out in spite of the most faithful observance possible to avoid infection in the twenty-four hours preceding an anticipated operation, together with the most thorough soap and water cleansing, thrice repeated the night before and again the morning of the operation, a soap and water scrubbing followed by immersion in chemical germicide immediately prior to the operation.

On the first recommendation of the use of rubber gloves my impression was that the sense of touch would be so much interfered with, and that they would so encumber the fingers, that the advantages gained through their use would be more than offset by the disadvantages.

On more mature consideration, and believing it the duty of every surgeon to make personal tests of new methods, I began in July of 1898 to employ rubber gloves, and have continued their use up to the present time.

The imaginary disadvantages have dwindled into such insignificance, and the benefits accruing from their use are so marked, that I have no inclination at the present time to discontinue them.

THE GLOVES.

The best gloves for surgical purposes are those made of

pure rubber, moulded upon a form and devoid of seams. Those which have given me the greatest satisfaction are manufactured by the Miller Rubber Co., Akron, Ohio, and cost \$1.75 per pair, or at a large reduction if purchased in half dozen lots.

One pair of gloves, if carefully used, may suffice for twelve operations. They withstand boiling and are thus with a scientific certainty sterilized. My practice is to have them rolled in a towel, placed in a sterilizer of distilled water, and boiled from two to five minutes. Two minutes is ample time for the destruction of all ordinary pyogenic bacteria. If the gloves have previously been used in a virulently septic case, such as a fulminating appendicitis, I have them boiled five minutes. Between times they are kept dry in a box, dusted with glove powder. All fatty or greasy material should be excluded in their use, for such is destructive to India rubber. The greatest injury comes from carelessness in puncturing or lacerating them with the needle point. Their usefulness may be considerably prolonged, even after punctures have occurred, by using conjointly with them the thin rubber finger cots which are now easily obtainable, and are inexpensive. When about to be used, they are thrown into an immersion bowl of sterile water. They are much easier drawn on if the hands of the wearer are wet and the gloves themselves wet. This act is still further facilitated by filling each glove with water before an attempt is made to put it on. It then floats easily on and into place.

Before putting them on or touching them in any way, the hands are thoroughly scrubbed in soap and water with the aid of a quilted flesh brush and nail brush, followed by the employment of some method of chemical disinfectant which has been found most efficient. My personal preference is for the chloride of lime and soda method.¹

¹ Place a tablespoonful of chloride of lime in palm of hand; add to it a teaspoonful of washing soda; add cautiously a small quantity of water; rub them together until a smooth paste or lather results. A slight sensation of warmth is felt, and maybe a pricking sensation about the wrists and back of hands. Rub the paste well into the interstices about the nails. Rinse in a bowl of sterile ammonia solution, one tablespoonful to the quart.

Thus equipped, the surgeon approaches the operation with an absolute certainty that no infective material will be carried into the wound by his own hands. Thus the patient's safety and freedom from the danger of contamination are made proportionally more secure.

Their advantages are twofold : first, to the patient ; second, to the surgeon.

THE PATIENT.

While the accompanying list of cases with appended results does not show a record wholly free from post-operative suppuration, yet it has been reduced to a very small percentage in the clean cases.

It means much to the patient to make a rapid convalescence, free from septic complication. A clean wound, with closely approximated edges, undergoes repair in ten days, without redness or exudation, and without elevation of temperature other than the slight fermentive fever which always accompanies aseptic healing.

Since the use of gloves I have observed far less wound disturbance than ever before,—less reddening along the edges of the wound and fewer stitch-hole abscesses. Some of the cases recorded in the table involved a great amount of mutilation of tissue. Notable examples are a case of Colles' fracture and a supra-condyloid fracture of the humerus, where exposure of the fractured bones was necessary, with much bruising of the surrounding soft parts, incident to the use of retractors and periosteotome. Both cases healed without suppuration.

THE SURGEON.

The advantages to the operator from the use of rubber gloves are worthy of consideration. Every surgeon is liable to receive punctures or abrasions about the fingers in the course of an operation. If the case be a septic one—and he must often come in contact with such—he runs no little risk from infection. Instances are familiar to almost every surgeon of infection thus received, with sometimes fatal results. It is only within a few years that one of Boston's

most promising surgeons developed septicæmia after operating barehanded upon a case of appendicitis, and lost his life. Short of this the surgeon is liable to the loss or maiming of one or more fingers, or even his whole hand, from septic cellulitis contracted in the course of operation. In the instance mentioned above, where the surgeon lost his life, he had no knowledge of any abrasion upon his hands, at the time of the operation or thereafter. It was evidently a case where the infective material penetrated through the skin without any previous abrasions, and the progress was unchecked, as a result of defective resistance on the part of the victim's tissues.

Within the past two years I had occasion to operate upon a virulently septic abdominal case, in which an ovarian tumor had spontaneously ruptured, with the escape of fluid into the peritoneal cavity. This fluid had undergone putractive decomposition, and was recognized at the time of the operation as very septic material. In spite of a thorough cleansing of the hands afterward, I had within four days a crop of punctiform infective areas scattered over the dorsum of the hand and forearm. There were no abrasions upon my hand at the time and none apparent thereafter. The infective material gained access to the sebaceous ducts, but from some providential influence — probably a high state of resistance on the part of the normal tissues — the infection remained limited to the punctiform areas, and gradually disappeared without suppuration.

Prior to the wearing of rubber gloves, my hands required constant surveillance and care, for I almost daily became conscious of slight abrasions received in the course of previous operations, which were so suggestive of possible infection that I always felt it incumbent upon me to cauterize them with strong carbolic acid, and apply a bit of cotton and collodion. At one time, several years ago, I experienced a persistent infection at the outer edge of the nail of my index finger, which continued over a number of months, refusing to heal, but fortunately not making progress. Finally a prolonged vacation and the use of most active disinfection resulted in repair.

Since the employment of rubber gloves the contrast has been most agreeable. I have never known such freedom, since I have been actively engaged in surgery, from threatening abrasions. The hand integument has remained flexible, with an agreeable pliability, and, I think, an enhanced sense of touch. The question has been frequently asked me, "Does the use of rubber gloves materially interfere with the sense of touch or dexterity in manipulation?" In answer I will say that at first one is conscious of a clumsiness and loss of the great freedom and exactness of manipulation afforded by the bare hand. After this, one becomes accustomed to the change, and surgical work is prosecuted with almost the same facility as before.

Gloves suitable for this work are made of very thin rubber, and while of course the sense of touch is in a measure blunted, it is sufficient for all practical purposes.

I have also been asked, "Do not your hands become watersoaked or parboiled from the prolonged wearing of an impervious covering, and does not this bring about an undesirable delicacy and softness of the skin?" To this I will answer unqualifiedly, no; such a result has not been experienced in any degree.

Another very great advantage to the surgeon is that after he gets through operating upon a foul, septic, offensive case and removes his gloves, his hands are clean and pure, and free from the persistent, disgusting odor which otherwise hangs about them for hours. I do not believe it is possible, by any known process of scrubbing or chemical disinfection, to make the hands safe and suitable for immediate operation upon a clean case after they have been immersed in the pus of a menacing, and perhaps fatal, appendicitis case.

Herewith is appended a summary of my surgical work since I began the use of rubber gloves. The contrast to my previous experience has been most gratifying. Although my run of cases, prior to the use of rubber gloves, was satisfactory, as based upon the surgery of that era, yet in spite of all my care, and the employment of every artifice available, a suppurative case now and then developed. There was

always the temptation to attribute it to unclean catgut, or to ineffective sterilization of the field of operation, or to infection from my assistant's hands. And yet the thought constantly thrusts itself upon me, that it was quite as likely to be from the hands of the operator, and I am now convinced that this is true. Since using the rubber gloves, it has been a very, very rare occurrence for any redness to appear in the lips of the wound or about the stitch-holes, or for any exudation to occur, or any inflammatory reaction whatever. It is my belief that rubber gloves from this time on will constitute a permanent and essential addition to the armament of the surgeon, and will make more certain the aseptic progress of healing.

THE USE OF RUBBER GLOVES IN SURGERY.

A Tabular View of Cases Operated Upon from July 1, 1898, to March 1, 1899,
(Eight Months).

CASES.	OPERATIVE PROCEDURE.	Number of operations.	At time of operation.		Subsequent course.	
			Septic.	Clean.	Septic.	Aseptic.
Appendicitis.....	Appendicectomy.....	42	23	19	22	20
Incident to other operations	„.....	7	4	3	4	3
Adenoids.....	Removal.....	2		2		2
Abscesses.						
Dental.....	Extraction of Tooth..	1	1		1	
Frontal Sinus.....	Drainage.....	1	1		1	
Ischio Rectal.....	„.....	1	1		1	
Maxillary.....	„.....	4	4		4	
Pelvic.....	„.....	2	2		2	
Perineal.....	Section.....	1	1		1	
„ of Thigh.....	Drainage.....	1	1		1	
Birthmark.....	Removal and Skin Grafting.....	1		1		1
Cleft Palate.....	Repair.....	3		3		3
Cuts and Bruises.						
Ear.....	Repair.....	1		1		1
Tongue.....	Repair.....	1		1		1
Epilepsy.....	Trephining.....	2		2		2
Empyema.....	Resection of Rib.....	1	1		1	
Fractures.....	Incision and Reduction	2		2		2
Foreign Bodies.						
Needle in knee.....	Removal.....	1		1		1
„ „ foot.....	„.....	1		1		1
Bullet „ thigh.....	„.....	1		1		1
„ „ neck.....	„.....	1		1		1
„ „ back.....	Exploration.....	1		1		1

CASES.	OPERATIVE PROCEDURE.	Number of operations.	At time of operation.		Subsequent course.	
			Septic.	Clean.	Septic.	Aseptic.
Gall Stones.....	Cholecystotomy.....	8	2	6	2	6
" " (suspected).....	Exploratory Incision..	1		1		1
Harelip.....	Repair.....	1		1		1
Hernia.....	Herniotomy.....	7		7	1	6
Hydrocele.....	{ 1 Radical Operation.	2		2		2
	{ 1 Injection.....					
Hystero-neurosis.....	Vaginal Tubo-ova-hys- terectomy.....	1		1		1
Hallus Valgus.....	Osteotomy.....	1		1		1
Intestinal Obstruction.....	Inguinal Colotomy....	2		2		2
" ".....	Removal of Adhesions.	1		1		1
Ingrowing Toenail.....	Section.....	3		3		3
Keloid.....	Removal.....	1		1		1
Kidney Dislocated.....	Nephronhaphy.....	1		1		1
Osteo-myelitis.						
Arm.....	Osteotomy.....	1	1		1	
Leg.....	".....	3	3		3	
Ostitis (Syphilitic).						
Superior Maxillary.....	Removal of Dead Bone and Drainage.....	1	1		1	
Tibial.....	Incision and Curetting.	1	1		1	
Papilloma.....	Removal.....	1		1		1
Periostitis.....	Incision.....	1	1		1	
Pleuritis.....	Aspiration.....	1		1		1
Prostatitis.						
Hypertrophic.....	Bottini's Operation....	2	2		2	
".....	Castration.....	5	1	4	1	4
Phimosis.....	Circumcision.....	3		3		3
Rectal						
Hemorrhoids.....	Removal.....	7		7		7
Fistula.....	Incision.....	10	10		6	4
Abscess.....	Curetting.....	1	1		1	
Sinus — Post-Operative.....	Curetting.....	1	1		1	
Syphilis — Gumma of Face...	Incision and Curetting.	1	1		1	
Supernumerary Toe.....	Removal.....	1		1		1
Tumors.						
Angelioma — Facial.....	Extirpation.....	1		1		1
Carcinoma.						
Hepatic.....	Exploratory Incision..	1		1		1
Mammary.....	Extirpation.....	7		7	3	4
Mesenteric.....	Exploratory Incision..	1	1		1	
Uterine.....	Vaginal Hysterectomy.	7	1	6	1	6
".....	Curetting.....	5	1	4	1	4
Cystic.						
Mammary.....	Removal.....	2		2		2
Ovarian.....	Ovariectomy.....	7		7	1	6
" Multiple.....	Removal of Cysts.	2		2		2
	Ovary saved.....					
Sacral.....	Removal.....	1		1		1
Testicular.....	".....	1		1		1
Vaginal.....	".....	2	1	1	1	1
Exostosis of Femur.....	".....	1		1		1

CASES.	OPERATIVE PROCEDURE.	Number of operations.	At time of operation.		Subsequent course.	
			Septic.	Clean.	Septic.	Aseptic.
Epithelioma.						
Face	Extirpation	2		2		2
"	Curetting	1		1		1
Libia Minora.....	Extirpation	1		1		1
Neck	Curetting and Cauter- izing.	1		1		1
Nose.....	Curetting and Cauter- izing.....	1		1		1
Shoulder	Extirpation	1		1		1
Tongue	"	1		1		1
Fibroma — Mammary.....	Removal.....	1		1		1
Lipoma — Cervical.....	"	1		1		1
Myomata — Uterine.....	Abdominal Hysterec- tomy.....	8		8	1	7
" "	Vaginal Hysterectomy.	1		1		1
" "	Abdominal Enucleation	3		3		3
" "	Curetting.....	1		1		1
Sarcoma.						
Abdominal.....	Exploratory Incision...	4		4		4
Of arm.....	Amputation	2	1	1	1	1
" clavicle(osteo-sarcoma)	Extirpation	1		1		1
" parotid.....	"	1		1		1
" testicle.....	Removal.....	1		1		1
Tonsils — hypertrophic	"	4		4		4
Tubal Disease.....	Tubo-ovariotomy.....	16	10	6	11	5
" "	Abdominal Hysterec- tomy.....	2	2		1	1
" "	Vaginal Hysterectomy.	4	2	2	2	2
Tubal Pregnancy.....	Tubo-ovariotomy	1		1		1
Tuberculosis.						
Cervical Adenitis.....	Extirpation	5	2	3		5
Hip Disease.....	Curetting.	1	1			1
Skin.....	Skin Grafting.....	1		1		1
Testicle	Castration.....	2	2			2
Urethra.						
Caruncles.....	Removal	3		3		3
Stricture.....	Rapid Dilatation.....	2		2		2
"	External Urethrotomy.	1	1		1	
Vaginal Tract.						
Cervix (lacerated).....	Trachelorrhaphy	21		21		21
" "	Amputation	3		3		3
Cystocele and Rectocele...	Colporrhaphy	5	1	4	1	4
Endometritis.....	Curetting.....	14		14		14
Miscarriage.....	"	1		1		1
Perineum (ruptured).....	Perineorrhaphy.....	21		21		21
Polypus.....	Curetting.....	1		1		1
Prolapsus of Uterus.....	Alexander's Operation.	1		1		1
Retro-version	"	5		5	1	4
" "	Ventral Fixation.....	3	2	1	2	1
Stenosis.....	Dilatation.....	10		10		10
Vericocele.....	Removal	1		1		1
Vesical Calculi.....	Litholapaxy	3		3		3
Wens.	Removal	4	1	3		4

SUMMARY AND CONCLUSIONS.

A study of the table shows a very satisfactory and somewhat surprising state of matters.

Total number of operations	352
Septic at the time of operation	93
Clean at the time of operation	259
Aseptic healing after the operation	263
Septic development after operation in cases previously clean	8
Septic at the time of operation but rendered aseptic, and so continued to complete repair .	12

Of the ninety-three septic cases, twelve were so effectually cleaned or sterilized at the time of operation that they ran an aseptic course throughout. One was an acute case of appendicitis which was fortunately subjected to operation very early, and just at the right moment, for the appendix was almost bursting with pus and showed gangrenous spots, but its contents had not yet escaped among the loops of intestines. With great care it was removed without rupture and without infection of the wound.

Two others were glandular abscesses of the neck. These were opened, curetted, all indurated tissue dissected out, the wound thoroughly washed with a two per cent formalin solution, and closed.

Another was a case of suppurating wen, which was treated in a similar way.

Two were cases of tubercular testicle which had spontaneously opened and had discharging sinuses present.

Four cases were of fistula in ano, of moderate extent, which likewise ran an aseptic course after dissection of all diseased and indurated tissue and treatment with formalin.

The same aseptic healing followed in a case of sinus of the thigh and a suppurating salpingitis.

Of the seven clean cases which ran a course more or less erratic much may be said. Two of them might with some justification be omitted, for in both primary healing progressed, fifteen days in one and twenty-one days in the other,

without complications, when the wound opened and a slight exudation occurred unaccompanied by rise of temperature.

Three others were very extensive mammary tumor operations, where the axilla was cleared and both pectorals removed. In one, on account of failure in the drainage opening to work, the whole wound filled in the first forty-eight hours with a bloody serum, which prevented immediate union of the wounded surfaces. The accumulation finally burst forth, saturating the dressing. The nurse in attendance, without my knowledge, irrigated the cavity with peroxide of hydrogen solution. The temperature up to that time had been normal. Two days later it began to rise, and there was slow repair accompanied by distinct suppurative discharge.

The second maintained a normal temperature throughout, but had, at the expiration of two weeks, a whitish, bland exudation from the uppermost part of the wound. I have no theory to account for this.

The third was operated upon in a suburban hospital and with untrained assistants, where the surroundings and facilities were not up to modern standards. The catgut used was a commercial preparation which had been in the possession of the institution for a considerable time, and was originally prepared by boiling in alcohol. From the many points of origin of the suppuration following the operation, I am inclined to believe it was from the many catgut ligatures which were buried. This and similar experiences have led me to look with extreme suspicion upon catgut prepared in the above manner.

An abdominal hysterectomy was followed by a slight and transitory exudation at the site of the upper and lower stitches of the abdominal wound, which came late (two weeks after the operation), and may have been from failure of the dressings to effectually exclude the wound from extraneous influences. There was also in this case a rather free suppuration in the vaginal vault; presumably from ineffectual cleansing of the vagina prior to operation. The uppermost recesses of the vagina could not be well reached because so distorted and stretched by the large and rapidly growing

uterine fibroid. In spite of these complications good recovery followed.

It will be observed that the number which ran an aseptic course (264) exceeds the total number of cases which were clean in the beginning (259) by five. This is a very satisfactory state of matters, for though seven clean cases were in some way infected, either at the time of operation or thereafter, yet twelve unclean cases were so effectually sterilized that they ran an aseptic course throughout.

A small per cent of the above list of operations were made barehanded, but were such only as could be performed without the necessity of fingering the wound, that is, cervix and perineum cases, and small facial blemishes, wens, etc.

Ninety of the operations were performed by my associate in my hospital service, Dr. J. E. Briggs.

CHOLERA INFANTUM, ITS PATHOLOGY AND TREATMENT.

BY FRANK A. HODGDON.

[*Read before the Massachusetts Homœopathic Medical Society, April-12, 1899.*]

During the thirteen years that I have been in the practice of medicine it has been my privilege to make and be present at ten autopsies upon children who have died of so-called cholera infantum.

To those who may have been an eye witness to this most fatal malady among our little ones no picture need be painted or word spoken to portray one of the saddest sights that a physician is ever called upon to witness.

The pathology and treatment of cholera infantum is the province of this paper.

The pathology I will divide for convenience into two classes; namely, negative and positive, those which show pathological changes, and those which do not.

There is a class of cases in true cholera infantum that are taken so suddenly and die so quickly that we have been unable to locate a single lesion upon the organs affected. I

suppose this is due to the fact that a highly irritating organic poison, introduced generally by infected milk, is at work as much at the nerve centres, debilitating the whole system, as upon any special part of the system. In three cases of which I have record, where the patient died within forty-eight hours of the first symptoms of the disease, there was no reddened or congested condition of the mucous tract, the stomach was not inflamed, no catarrhal condition was found in any portion of the intestine, the colon was normal in appearance; if any change could be observed it was that the mucous tract was rather paler than normal.

On the other hand, the class of cases which have pathological changes are more prolonged, and we get in the alimentary tract the following conditions.

Perhaps not all the changes are found in any one case, but in the aggregate we got the following: mild inflammation of the gastroenteric tract; the mucous membrane was reddened and thickened and softened, not uniformly, but in patches.

The intestinal glands, Peyer's, and the solitary were enlarged and stood above the surface; a few of these glands were broken down, and ulceration had already begun in quite a per cent of cases.

The mesenteric glands were congested, the brain was anæmic, and the ventricles filled with serum; some hypostatic congestion was observed in both lungs.

The stomach ilium and colon were the portions of the mucous tract to suffer most, and the duodenum and jejunum were the parts least affected.

Some portions of the intestine contained a grayish green substance like what is seen in the discharges. The transverse colon, cæcum, sigmoid flexure were distended with gas and contained the same green substance as mentioned above.

In taking up the treatment of cholera infantum, I will make some divisions which will simplify matters: first, hygiene; second, remedies; third, supply fluid to the system; fourth, reduce the temperature; fifth, how and what to feed.

In all cases, at the outset I insist on twenty-four hours' rest for the stomach; in this way the violent poison supposed

to develop from milk in the stomach is given a chance to eliminate itself from the system.

Also, all the vomiting and purging that nature is putting the patient through is to bring about this same idea of the elimination of the poisons from the system, and nature is a most wonderful agent in this regard if only she has a chance.

First. Under hygiene may be included a change of climate or change of location, from the city to the country and from the city to the seashore; I have seen most astonishing results follow both these changes. The change should be long enough to decide of how much benefit it is to be to the patient; and if a favorable change comes, it should be long enough for a complete cure to take place. Fresh air in shady places should be sought, and the little patient should live outdoors as much of the time as possible; the child may ride in a carriage, or be rolled along leisurely in its easy chair, or swing in a hammock.

Flannel should be worn next to the skin, and especially a warm woollen flannel should encircle the bowels, and afford that uniform warmth to the bowels that is of so much moment in the successful treatment of all these cases.

Warm blankets should be the child's protection at night. We must bear in mind that the bowels are the vulnerable point, and must be kept warm and well protected from all climatic changes, or we shall see serious results follow.

All through the disease I insist on sterile napkins being used, and a complete change of clothing every day throughout; absolute cleanliness must be observed if we expect to cure our cases.

In case of cold extremities always wrap the feet in warm flannels and put hot water bottles to the feet to keep up the heat, being careful to so wrap the bottles that the child will not get burned by their use.

One other suggestion may be made right here, and that is not to feed a child or allow it to drink from a dipper or tumbler until you know it to be absolutely clean or sterile.

By observing these few suggestions we can at least lay the foundation for a most satisfactory treatment to follow,

and have the pleasure of seeing our little ones many times restored to health and happiness, when a little neglect would have resulted otherwise.

Second. Now a word in regard to remedies and their sphere. You and I both have awaited their action in breathless silence, and seen the little one grow weaker and weaker until its pulse could no longer be felt. We have spent long and anxious nights in search of the similitum of a given case. The materia medica shows well-worn leaves as strong evidence that the remedy has been most patiently sought after, and still no specific has been discovered.

The remedies I most often use are arsenite of copper, arsenicum aloes, croton tig, chamomilla, camphor, ipecac, merc. cor., and podophyllum. It has been my good fortune to find the case more nearly covered by the arsenite of copper than any other one remedy. The ars. seems to cover the nausea, the emaciation, the loss of strength, the cadaverous look, and the cuprum meets the crampy pains, the tendency to convulsions, the violent cramps in the abdomen, convulsive vomiting, the peculiar green stools with flocculent matter so often met with; so I think this combination the best, and it has cured more cases than any other one remedy in my hands.

Third. Under the head of supplying fluid to the system, all of us have witnessed the ready response the pulse makes following an operation attended by shock, when the saline sol. is used. It seems to me in true cholera infantum we have almost a parallel case, where the fluids of the body are just as much depleted as in a case of shock following an operation.

So I have come to use a saline sol. in most of these cases, giving an injection high up in the bowel through a No. 15 male catheter of one half pint at a time; and if this does not raise the pulse to its normal strength, I use one fourth pint injected into the cellular tissue of the abdomen, buttocks, thigh, or back; this can be done once in eight or ten hours and is readily absorbed, and has never done any harm.

Two years ago this summer, while in New York doing post-graduate work, I had my attention called to Wolf's

electrozone, and saw it used in all forms of orificial surgery with the most gratifying results; and I was led to try it in cholera infantum as an injection, both for its fluid supply and its antiseptic properties. I use it same as the saline sol. and about four ounces at a time, and repeat every four hours if well retained. I employ it full strength, and have seen such beneficial results that I should be loth to deprive the little sufferer from its most pleasing effects.

I have also employed merc. cor. one to 5 m. to irrigate the bowel with, also carbolic acid 30 m. to the pint, and a few times a 1 x argentum nit. in a weak sol. But for two years I have used either the saline sol. or electrozone, and have found them so well filling the need that I have used nothing else during that period.

Fourth. Next we come to the matter of reducing temperature; and I have yet to see the first case of true cholera infantum that did not carry quite a high temperature. The best method of reducing temperature is by baths, given just as a bath is given in typhoid fever, commencing the bath at a temperature of 100°, and continuing to cool the water until it reaches 80° or 85° by adding ice to it until it reaches the desired temperature.

These baths should be continued for from ten to thirty minutes, and should be repeated as often as the temperature reaches 102°. These baths should be made available by using a small tub into which the child can be put, or by the ordinary sponge bath — always bearing in mind to cool the water to the desired temperature by adding pieces of ice until it reaches the desired temperature. In either case the result is accomplished and the fever greatly abated.

Fifth. Our next section has to do with the nutrition of the child and its methods of taking it.

Following the experience of earlier years, some of which was not so pleasant as it might be, I always since have made it a rigid rule to employ a wet nurse for all children under six months old where one can possibly be got. I consider this the most important step toward the little one's recovery that could possibly be taken.

As a rule, with older children I discard cow's milk or condensed milk, whichever the child may be taking, and put the child upon a diet of some of the well-established and favorably recognized foods on the market ; namely, Mellen's, Nestle's, or lactated, with the juice of raw meat added in the proportion of one half teaspoonful to each feeding, or five to ten drops of bovine to each feeding. I also use with these foods rice water, barley water, and oatmeal water, using these to vary the diet and increase the nourishment of the child. I add one tablespoonful of these foods to each feeding, and insist that the child should not be fed oftener than once in three or four hours, and with great regularity.

To increase the nutrition, I also use inunctions of cocoa butter, olive oil, cream, or cod liver oil, or lard with the addition of bovine or beef juice, added in the quantity of one teaspoonful to each inunction. In long-continued cases I have found this to be one of the best means of sustaining the child's strength.

Cold koumiss I have used in a few cases, and have found it to work well and sustain the strength ; and it is well borne by the sensitive stomach.

To supply albumen, of which there is so great a loss to the system, we find that the white of an egg beaten into cracked ice or very cold water and fed in teaspoonful doses, as the child needs it to assuage thirst, is the best means of supplying the system with this much-needed food. Wine whey, malted foods, animal broths, liquid peptinoids, all find a place in the diet list until we are satisfied that the child is being well fed and well nourished.

For stimulants I use both whiskey and brandy, and in about the proportion of one to six, and give one dram of that mixture every hour if needed. I have also used champagne, and seen good results from its use.

In desperate cases I also resort to rectal alimentation of milk and brandy, with pancreatine added, once in four hours until the stomach will do its work again, and the child is going on to a rapid recovery. Sometimes I add the indicated remedy to this injection if the stomach is intolerant, and find it is well adapted to this class of children.

In closing I will mention three cases treated during the months of July and August of the past year.

Case No. 1. Baby A., five months old, had a cholera infantum grafted on to end of an acute bronchitis ; temperature 103, pulse so rapid we could count it with difficulty ; vomited and purged incessantly ; tongue dry and parched ; bowels full and tender to the touch ; extremities cold and clammy. This was a condensed milk baby, and the mother would give it nothing else. I gave in addition beef juice and white of an egg, and stimulated with brandy, used ars. and verat. alb., applied hot water bags to the feet and legs, wrapped the bowels in warm flannel, and gave the cold sponge baths to control the temperature.

Dr. Burpee saw this case with me, and recommended saline sol. injections, as I had done before, but which were never carried out. We both tried to get the baby for the seashore hospital, but in vain. The child grew weaker and thinner, and in a few days was laid to rest.

Case No. 2. Baby B., aged four months, was taken on July 10 with violent vomiting and purging, which kept up on an average of once an hour for the first twenty-four hours ; temperature 104, pulse 160, restless and moaning, tongue dry and parched. This baby was bottle fed, and had cow's milk. I secured a wet nurse and put the child upon arsen. of copper with electrozone injections well up in the bowels through a No. 15 male catheter, repeated every four hours for the first twenty-four hours, then once or twice a day for the next week. Cold sponge baths every four hours were given. Temperature was reduced in forty-eight hours and the pain subsided, and the child went on to an uninterrupted recovery.

Case No. 3. Baby C., aged one year and two months, was taken August 10, 1898, with most terrible vomiting, and attended by watery discharges from the bowels. Bowels were bloated and tender to touch, child moaned and had that pitiable look we all dislike so much to see. I made careful inquiry, and found that, one week before that, they had called in a doctor, and he had given castor oil for three or four days

in succession, and the child had got no better, so they decided to see what a change would do for the little one.

I found a temperature of 103 and a pulse of 170, continual swallowing and retching when not vomiting; every particle of food taken was thrown violently up as soon as taken. I began the treatment with ars., and ended the case with the same remedy, changed to Mellin's food and bovine, five drops to each feeding, used the baths to reduce the temperature, and gave saline sol. injections every four hours for the first twenty-four hours, and then continued them once or twice a day for the first ten days, covered the bowels with warm flannels; also the feet and legs were wrapped up in warm flannels, sterile napkins and absolutely clean clothing were substituted for those worn, and we were soon rewarded by seeing the little one begin to make some improvement. In this case there was a great loss of flesh, and I employed the inunctions of olive oil night and morning, with the most satisfactory results, for several weeks.

ARS. IOD. vs. TUBERCULOSIS.

BY CARL CRISAND, M.D., OF WORCESTER, MASS.

[*Read before the Massachusetts Homœopathic Medical Society, Wednesday, April 12, 1899.*]

Of all the diseases to which human flesh is heir, there is probably not another one to which so much time and diligent study has been devoted, and one in which the profession and laity are so deeply interested, as tuberculosis. And well may we devote much time and study to this disease, for it annually claims many thousand precious lives from all over the world, and brings much sorrow and long suffering to many homes; and its invasion and attack are as treacherous and stealthy as a snake in the grass. In its incipency we can stay the disease, but when its relentless hand is firmly fixed upon the poor victim, his doom is sealed, and no mortal power can stop its progress and restore the patient to perfect health and the enjoyment of life.

With these dismal facts staring us in the face, should we not hail with delight any and all remedies and means which,

though sometimes only in a small degree, will relieve the suffering, cool the fevered brow, control the harassing cough, check the night sweats, and, if the disease has not progressed too far, will kindle new hope in the heart, renew the strength of body and mind, give nature a chance to assert herself, and possibly assist her in throwing off the burden beneath which she is groaning and of which, unaided, she could not rid herself?

There are many remedies and adjuvants which are very helpful in combating this disease, but of those which I have tried *ars. iod.* is the one which has given me the best results. Under its administration some of my tuberculous patients have been cured, and therefore I have great confidence in the remedy. And when I make the honest confession that my faith in medicine is very limited, and that I believe the *vis medicatrix naturae*, in company with proper feeding and hygienic surroundings, will accomplish more and greater cures than our long list of vaunted remedies, as, for example, at our Rutland hospital, my listeners will, perhaps, give more credence to my words, and will certainly not consider me a crank on *ars. iod.* or any other remedy, and will, I trust, be all the more interested in my experience with the remedy.

Some eight or ten years ago my attention was called to this remedy, and since then I have watched its administration with careful interest. I have preserved the clinical records of twenty-eight cases, and the temperature charts of some of them, and have never failed to have the sputum examined by my friend, Dr. J. P. Rand, who is an expert at the business. Permit me to note, in passing, that all the cases in whose sputum the tubercle bacilli were not found have recovered. Of the seventeen cases in which bacilli were found, three are perfectly well to-day. One of these, a woman, has remained well for eight years; the second, a young man, has been in good health for two years; and the third, also a young man, has done well for three years. These three had pulmonary tuberculosis. Another patient in this list is a boy, now about twelve years old, whose right

thumb I removed nine years ago on account of tubercular disease of the joint. He is not strong, but in fair health. Thus far there has been no reappearance of tuberculosis in any part of the body. All of these four cases have a family history of tuberculosis. It is fair, then, to state that of the seventeen cases 23.5 per cent remain cured up to the present time.

Let me say just a word about my mode of administering the iodide of arsenic. We all know that patients become tolerant of almost any drug; and acting upon this knowledge, I have begun with the fourth potency, giving from five to ten grains three to five times daily, and gradually worked up to the second potency, the frequency and size of the dose remaining the same. I would lay great stress upon the necessity of increasing the strength of the remedy as the system becomes accustomed to it, and then, after all signs of the disease have passed away, to decrease both the strength and frequency of the remedy and dose.

It is very interesting to notice how quickly some of my patients have responded to this remedy, even those in whom the disease was too far advanced to offer any possible hope of cure. This leads me to believe that in the early stages of tuberculosis, even though there is an afternoon rise of temperature, *ars. iod.* is very effective. All my patients who recovered gained rapidly in weight, and are now heavier than ever before in their lives.

I have now under treatment a young man, a hostler, who is taking about an ounce of *ars. iod.* 2 x. per week. When he came to me in January his right lung was full of râles, there was considerable dyspnoea, thick, tough, greenish expectoration, languor, and appetite not very good. At present his lung is very clear, he takes a much deeper breath, can walk up-hill better, and when I asked him for a specimen of sputum a week ago, he said: "That stuff is getting scarce, doctor." He looks well and strong, and I expect his complete recovery, although Dr. Rand tells me that the sputum still contains quite a number of bacilli; some of them, however, show signs of disintegration, which is quite encouraging.

I want to mention another case, which Dr. Rand and I treated at our dispensary three years ago, and which we believed to be a form of lupus on the arm of a boy of about sixteen years of age. We tried various remedies and local applications, but saw no marked results until we put him on *ars. iod.* He did remarkably well, and the wound healed over nicely. A month or six weeks ago he came to the dispensary again, presenting a small swelling above the site of the old ulcer and also several purplish spots on the back of the hand of the same arm. I immediately put him on the *ars. iod.* again. The small swelling on the arm is disappearing, the spots on the hand look less angry, and the tissues between the spots present a better and more healthy color. Granting that lupus and tuberculosis are one and the same disease, this case and that of the little boy whom I mentioned represent an interesting class in which the disease is localized and confined to a very small area. The boy with lupus looks and feels perfectly well and strong.

In the treatment of my patients all available adjuvants were employed, such as rich, nourishing diet, emulsions, inhalations of pine oil vapor, physical exercise, deep breathing, plenty of fresh air night and day. An intercurrent remedy was occasionally given to control special symptoms. In the main, however, *ars. iod.* has been my sheet anchor and has been used until satisfied that it was doing no good. My practice may be criticized by my strict Hahnemannian brother as being too empiric. Can he show better results? My patients were satisfied, and so am I until I find something better.

PHYSICIANS FOR TEACHERS. — At the Congress of the French Association for the Advancement of Science, recently held in Nantes, a resolution was adopted to the effect that it was the sense of the Association that the teaching of hygiene in the schools and colleges of France should be intrusted to physicians, and that the latter should be adequately compensated for their services.

EDITORIAL.

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

MEETING AND MEMBERSHIP OF THE INSTITUTE.

Another gathering of the members of the oldest national medical society in the United States is at hand; and once more the opportunity comes to the followers of homœopathy to advance its interests, and to practically prove their allegiance, by attending the fifty-fifth meeting of the American Institute of Homœopathy.

The attractiveness of this opportunity is more apparent the more one considers what is to be offered to those who respond to the cordial invitation to be present, always extended to every member and prospective member of this great organization.

It is not the least feature of the occasion that the coming session will be held at Atlantic City on the Great Steel Pier, which will probably afford as cool, as quiet, and as healthful a spot as could possibly have been selected. As regards the program which has been arranged, one has been agreed upon which, as the president, Dr. Bailey, writes, will give every section at least one meeting before the entire Institute, and he adds: "There will be seven papers on the different fields of homœopathy. There will be special features of unusual interest. The memorial exercises will be held during a recess in a busy session, and will be of a character to command our respect and cause us to indeed realize the solemnity of the occasion. It will be a session of thoroughly scientific interest, and one in which the cause of homœopathy will be kept well to the front."

This is as it should be, and we feel confident that those who attend will do so with no less profit than pleasure. To increase the latter, every effort will be made to adequately entertain the profession. There will be ample accommoda-

tions at reasonable rates, so that those who wish to limit their expenses will have no difficulty in doing so. We believe that with all the inducements offered and with every prospect of their fulfilment, next June will witness a satisfactorily large, representative, and enthusiastic gathering at Atlantic City. We sincerely trust this may be the case.

In connection with the near approach of the meeting of the Institute, the following communication from Dr. I. Tisdale Talbot, that veteran in homœopathy, concerning the Institute membership, is particularly timely and interesting:—

“After perusing the volume of Transactions of 1898, just issued, we cannot fail to speak many words of praise of the book as a whole and of its various details. Unlike some of the past volumes, there is little in this to spare. Well edited and printed on good paper, its 754 pages are valuable from beginning to finish, and must exert an important influence on those who have the opportunity to read them.

“Without reviewing at this time many important parts of the Transactions, we may express our interest in the matter of the Institute membership. Composed as it is of some of the most prominent and often distinguished members of the profession, it is with no little degree of pride that we find the number at present amounts to 1,659. Without doubt, many, perhaps a thousand more, have joined and would to-day be active members but for the fact that the great and necessary expenses of an exacting profession compel the exercise of a most rigid economy, even in the small sum of the yearly dues. But it is a gratifying fact that no less than 229 of these have been in continuous membership for more than twenty-five, and some even fifty years. What other association in this country can show such a record? We have taken the pains to go over the list and see where these members are located, with the following results:—

New York.....	285	Michigan	67
Pennsylvania	190	New Jersey.....	58
Massachusetts.....	184	Iowa.....	59
Illinois.....	164	Missouri	47
Ohio.....	102	California.....	44

Connecticut.....	37	West Virginia.....	5
Dist. Columbia.....	36	Oregon.....	4
Colorado.....	35	N. Dakota.....	4
Minnesota.....	35	Florida.....	3
Rhode Island.....	34	Virginia.....	3
Wisconsin.....	34	Alabama.....	2
Nebraska.....	30	Arizona.....	2
Maryland.....	25	Louisiana.....	2
Maine.....	19	Montana.....	2
Kansas.....	18	S. Dakota.....	2
New Hampshire.....	12	Utah.....	2
Texas.....	9	Alaska.....	1
Arkansas.....	8	Canada.....	7
Delaware.....	7	Australia.....	1
Georgia.....	6	Chili.....	1
Tennessee.....	6	Italy.....	1
Vermont.....	6	Unknown.....	4
Washington.....	5		

“But there are some other points of a local character that arouse thought. The great State of New York, with more than 60,000 square miles and millions of inhabitants, the first State on this continent to introduce homœopathy, from a large and prosperous body of practitioners, has 285. Pennsylvania, almost as large and prosperous, which for more than half a century has sustained a flourishing school founded on our principles, has 190 members; while Massachusetts, which might have been cut off from either of these States without essentially diminishing their greatness, has 184. Illinois, in its growing magnitude and with its six homœopathic colleges, makes a close second to either Massachusetts or Pennsylvania with 160 members. But Ohio, in all its great wealth, intelligence, and rapid growth, its two homœopathic colleges, one of which has flourished for more than half a century, drops in membership to 102.

“Thus we might go on with all the other States and territories, nearly all of which are represented in the Institute, and get suggestions from each. But the question arises, Has any one of these States fulfilled its entire obligation to this Institute, which has done so much to organize and strengthen the power of homœopathy? Massachusetts, which leads the list in its proportionate number of members, has yet 600 homœopathic physicians who are not members, but could easily afford to be such. Supposing a like interest in all the

other States were to prevail, what might we not hope for from the increased influence exerted?

“Let us hope that the next meeting of the Institute at Atlantic City may show progress in numbers of workers as well as in the quality of work done.”

EDITORIAL NOTES AND COMMENTS.

The following communication explains itself and, we are sure, will interest our readers:—

Dear Doctor,—With this I send you a copy of the *Congressional Record* for March 3, containing the full report of the action of the House of Representatives on the Hahnemann Monument Bill, which was very unexpectedly defeated, as, having passed the Senate in desirable shape, our committee had reason to feel assured it would meet with no opposition in the House.

Senator Gallinger writes: I was greatly surprised at the action of the House, but do not despair of a favorable result next time. Holding myself in readiness to serve you at any time, know me to be,

Cordially yours,

J. H. GALLINGER.

Representative Dalzell writes: I was very much surprised at the opposition to the passage of the Hahnemann Monument Bill. I had not anticipated any opposition; and I do not believe that if the matter were properly worked up there could, by any possibility, be any opposition to it. I think the suggestion that you should thoroughly ventilate the question in your journals and societies is a good one. It would not be out of the way that you should publish generally the little debate that took place on the subject. I have no doubt at all that when Congress meets again we can pass the bill if we use proper efforts in the meantime. You may count on me to do all I can towards securing ultimate success, which I have no doubt at all we will secure.

Yours truly,

JOHN DALZELL.

It is a significant fact, as stated in the press dispatches, that the leader of the opposition was a former allopathic doctor.

The committee hopes you will give much publicity to this matter by publishing details as fully as your space will allow, as well as commenting thereon.

Sincerely yours,

HENRY M. SMITH.

MONUMENT TO SAMUEL HAHNEMANN.

MR. DALZELL. Mr. Speaker, I move to suspend the rules and pass Senate joint resolution 48, granting permission for the erection of a monument in Washington, D. C., for the ornamentation of the national capital and in honor of Samuel Hahnemann.

The joint resolution was read, as follows :—

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That permission be, and the same is hereby, granted the Hahnemann Monument Committee of the American Institute of Homœopathy to erect a monument in honor of Samuel Hahnemann in such place in the city of Washington, D.C., other than the Capitol or Library Grounds, as shall be designated by the Chief of Engineers, United States Army, the chairman of the Joint Committee on the Library, and the chairman of the Monument Committee; and the sum of \$4,000, or so much thereof as may be necessary, is hereby appropriated, out of any money in the Treasury not otherwise appropriated, for the building of a foundation upon which to place said monument; said monument to be presented to the people of the United States by the American Institute of Homœopathy, kindred associations, and citizens.

MR. BAILEY. I demand a second on that.

By unanimous consent, on motion of Mr. Dalzell, a second was considered as ordered.

MR. DALZELL. Mr. Speaker, this joint resolution is identical in terms, with a single exception, with one that was passed in the last Congress, but which went to the President too late to receive his signature. The difference between this resolution and that consists only in the fact that in this resolution the Chief of Engineers is designated as one of the parties who shall select the site, whereas in the former resolution the party in charge of the Library building was so designated; and he was so designated because General Casey in his lifetime was an enthusiastic advocate of the placing of this monument upon the Library ground.

The members of the Senate Committee are opposed to putting any monuments of any kind in the Library grounds. Hence the change in the resolution.

Now, the ground upon which it seems to me this joint resolution ought to pass is a double one. In the first place, as a work of art this monument is finer by far than anything of the kind in the national capital. It has passed the scrutiny of a committee of sculptors and a committee of architects of the United States. It has been secured at a cost of \$75,000, and it is a complete monument in itself. No money is asked for the pedestal. The pedestal accompanies the monument, and all that is asked for is such an appropriation as will build the foundation. It may be a few hundred dollars, it may be a thousand dollars; it cannot exceed \$4,000. I have here at my desk some pictures that will give members of the House, if they desire, a conception of the character of this monument.

In the second place, I put it upon the ground that the subject of the monument is one who is worthy to be honored in the national capital. In a country like ours, made up of citizens representing every clime and race, it is entirely appropriate that men of genius of whatever nationality shall be recognized, and the great mass of the homœopathic following in this country who have subscribed this immense amount of money, \$75,000, are certainly entitled to so much space upon the public grounds of the national capital as will afford an opportunity to place a monument there. I cannot for the life of me see how there can be any objection to this proposition.

MR. BAILEY. Mr. Speaker, to me the objection to this is twofold, or rather, one objection grows out of the other. I very seriously doubt if either in the grounds of the Capitol or in the Capitol itself there should be placed the statue or the picture of any person who has not been connected with the service of the government. It seems to me that that is the true line of distinction, and when you go outside of it and admit to this privilege men of the various professions and pursuits in life, you must sooner or later involve yourselves in the controversies between the rival schools of medicine and law and theology, and those other pursuits which, though useful, are still not connected with the government.

It seems to me that this Capitol and these grounds, dedicated as they are to the great purposes of the government, ought to be reserved in all respects for those who have served and those who are to serve the people in a chosen capacity. If that be true, then it certainly follows that the government ought not to appropriate money for such a purpose. I believe, if these gentlemen came bearing this as a gift, and asking no dollar from the public Treasury, that they ought not to be permitted to place in the grounds or in the building

the representation, either in marble or on canvas, of men who have had no connection with the government.

MR. SPEAKER, this, in brief, is my objection. Now I yield such time as he may desire to the gentleman from Missouri [Mr. Dockery].

MR. DOCKERY. Mr. Speaker, the statement of the gentleman from Texas makes it unnecessary to add anything else to what may be said in opposition to this bill. He has stated the whole "law and gospel," so far as it relates to the proposition now pending. Up to this time the government of the United States has never appropriated a dollar, as I remember, for the foundation of any such monument.

MR. DALZELL. The gentleman is mistaken.

MR. DOCKERY. If so, it ought not to have been done. Congress should not appropriate for any monument to a citizen, I care not how distinguished, unless that citizen was connected in some way with the civil or military service of the United States.

DR. DALZELL. The gentleman is mistaken.

MR. DOCKERY. The gentleman from Texas stated the correct policy. If I remember aright, the amount asked for is larger than ever asked for a like purpose.

MR. DALZELL. No.

MR. DOCKERY. And as I recall it — and the gentleman from Iowa is before me, and if I am mistaken can correct me — we appropriated \$2,500 for the pedestal of the Sherman monument.

MR. HENDERSON. I think it was more than that.

MR. DOCKERY. My recollection is that we appropriated \$2,500 for the Sherman monument, and also \$2,500 for the pedestal of the Hancock monument.

MR. HENDERSON. I have just come in, and I have not got my mind on the matter before the House, but I am under the impression that it was \$10,000 in each case.

MR. DOCKERY. I think I am right; but that is not material. This appropriation is for a foundation for a monument. Now, then, if it be proper at all to pass the bill, certainly the generous contributors to the fund that has been raised to build this monument should complete the entire work, and not ask the government to donate \$4,000 for the foundation. But I do not rest my opposition on the appropriation asked, although I think it is unwarranted. It is against the policy I protest. If we are to enter upon the work of recognizing distinguished citizens in this way, who have not been connected with the public service, then, as the gentleman from

Texas stated, you enter the domain of controversy. If a great homœopathist is to be recognized by a contribution for a pedestal for a monument of Samuel Hahnemann, then an allopathist should be recognized in an appropriation for a monument for Dr. S. D. Gross, of Pennsylvania.

MR. DALZELL. It has been.

MR. DOCKERY (continuing). Or some other allopathist. Not at the public expense.

MR. DALZELL. Yes; the money for the foundation was furnished by Congress, and the monument stands in the public grounds of the Medical Museum.

MR. DOCKERY. At the expense of the government?

MR. DALZELL. The pedestal was furnished at the expense of the government.

MR. DOCKERY. It is a fact that has come to my knowledge for the first time. That fact only emphasizes and strengthens the opposition to this bill. It inaugurates a bad practice, and if you follow the vicious precedent the result will be that other societies will be clamoring for like recognition for other distinguished citizens. This bill ought to be voted down, and I hope it will be. I reserve the balance of the time.

MR. COOPER, of Wisconsin. I desire to ask the gentleman from Pennsylvania a question, and that is, if the monument to Dr. Gross was erected to him, not because he was in any sense the founder of a school of medicine —

MR. DALZELL. Not at all.

MR. COOPER, of Wisconsin. Or because he represents any particular idea in regard to the practice of medicine —

MR. DALZELL. Not at all; but because he was a genius in his profession.

MR. COOPER, of Wisconsin. But because he was one of the surgeons who attended Garfield?

MR. DALZELL. Not at all.

MR. COOPER, of Wisconsin. He was a great surgeon.

MR. DALZELL. I yield a minute or two to the gentleman from Illinois.

MR. CANNON. Mr. Speaker, Congress is the common council for the District of Columbia, the nation's capital, so that in this matter we have full and complete power in the premises. About our beautiful parks are many statues of the great heroic dead, most of them for those whose military service and whose memory dwell in

the hearts of the people. Now, there are some here and there who achieve greatness in civil life. There are some here in this Capitol of men who were not in the military service — some who were great in civil life ; and while I welcome statues of the men on horseback, if you will allow me that expression, yet I am glad here and there we have a work of this kind, that will commemorate the memory of men who were great in civil life, and by virtue of their genius and industry have given benefits to the race. Already the gentleman from Pennsylvania speaks of a statue of this kind for a man who was great in his profession. That is to be found in the Smithsonian Park.

I do not know as to the schools of medicine, and I do not care about the schools of medicine ; but Dr. Hahnemann was a man of genius, and without regard to jealousies in the profession, we are all proud of his memory and of his achievements. Now, when citizens, his admirers, give us this work of art, and come and ask of the common council of the District that it may have its place somewhere in the public reservation within the District, and only ask, not for a pedestal, but a foundation at a cost not exceeding \$4,000, I am glad that they come here, and I am glad of the opportunity to vote for it, and think it ought to pass.

MR. DALZELL. I yield one minute to the gentleman from Colorado [Mr. Shafroth].

MR. SHAFROTH. Mr. Speaker, it seems to me that where a donation or gift is about to be made to the nation, and simply a small amount is asked for an appropriation for the building of a foundation, the exact cost of which is not known, but in no event to exceed \$4,000, it is wise that a work of art of this character should be accepted. People in civil life who have attained distinction ought to be recognized in the great capital of this nation, and inasmuch as this is a resolution which calls for an appropriation only for the foundation for a work of art which is finished and ready to be delivered, it seems to me it ought to be accepted.

MR. RICHARDSON. I desire to ask the gentleman from Pennsylvania a question. I had some little experience in this Congress, in an effort to get through a bill to permit the erection of a statue of a distinguished citizen of the United States, but we were required in that bill to provide that it should not be put on the Capitol grounds or on the Library grounds. Is that provision in this joint resolution? I have not been able to get a copy of it.

MR. DALZELL. This resolution excludes both the Library grounds and the Capitol grounds.

MR. DOCKERY. Was not the gentleman from Tennessee [Mr. Richardson] required to strike out the appropriation?

MR. RICHARDSON. I was not by the House.

MR. DALZELL. Mr. Speaker, how much time have I remaining?

THE SPEAKER. The gentleman has eleven minutes.

MR. DALZELL. I yield such time as he may want to the gentleman from Iowa [Mr. Henderson].

MR. HENDERSON. Mr. Speaker, without attempting to discuss this bill, I want to say to the gentleman from Missouri [Mr. Dockery] that I have looked up the records of the Sherman statue, and I find that we appropriated \$50,000 for the pedestal and the foundation there. We also appropriated the same sum for the Logan statue.

MR. DOCKERY. How much time is there remaining to the opposition, Mr. Speaker.

THE SPEAKER. Fourteen minutes.

MR. DOCKERY. I yield to the gentleman from Delaware [Mr. Handy] such time as he may desire.

MR. HANDY. Mr. Speaker, surely, if the rule that the gentleman from Texas [Mr. Bailey] laid down with regard to statues to be erected in the city of Washington is not to prevail, there ought to be some rule or limitation to guide us. I think that the rule as laid down by the gentleman from Texas is a sound one. It commends itself to my judgment. But if the gentlemen are not willing to limit the statues so as to honor men who have served the government of the United States, perhaps they are willing to limit such honors to men who have lived in the United States or have been citizens of the United States. We have before us a proposition to erect a statue of a German physician who lived and did his work and died in the country of Saxony, now a part of the German Empire. Until we have erected statues to our own heroes, it does not seem incumbent on us or necessary that we should erect statues to the learned or great of foreign countries.

Whether Dr. Hahnemann was indeed a genius, and whether he did discover medical truths that shall be for the healing of mankind, is yet a disputed question in his own profession. He is the founder of a peculiar school of medicine. We all know that homœopathy is widely practiced in our country. Others belonging to the old school do not accept Hahnemann's teaching. The dispute between the two systems of medical treatment is earnest, if not bitter. Whatever may be the worth of Hahnemann's work, it is the work of a foreign scientist, not of an American scientist. He never saw our

shores, and he never knew anything about our country. Until we have more fully distributed laurel wreaths to our own great men, it seems unnecessary to go into the work of erecting here, on the public grounds of our beautiful capital, statues to foreign scientists, no matter how great or beneficial their discoveries may have been. I yield back the remainder of my time.

MR. DOCKERY. I now yield five minutes to the gentleman from Texas [Mr. Slayden].

MR. SLAYDEN. Mr. Speaker, I am entirely convinced that a man who has so reduced in size the doses of medicine, and who sugar coats the pills, is entitled to a monument. [Laughter.]

MR. HANDY. Yes, but ought he not to have a smaller monument? [Laughter.]

MR. SLAYDEN. But I do not believe that this Congress is a competent critic of works of art. Nor do I believe that we ought to authorize the location of this monument here, until we are satisfied that it is a work of art; that it will serve as an educator and be a thing of beauty forever. Furthermore, I do not believe that this Congress has in justice or law a right to waste the public money in this way, or rather, to expend the public money in this way, until the government has first made provision to settle the just debts which are due to individual citizens of this country.

It is a matter of knowledge to the House in general, and to nearly every member of the House, that there are claims pending before this Congress — claims which have been pending for a large number of years, the justice of which is not questioned, but payment of which has been deferred until the claimants are dying of old age and in poverty. It seems to me that these claims ought to be settled, these just debts of the government should be paid, before we go into this matter of erecting monuments to the memory of men who moved and lived and had their being in countries far distant from here, and whose monuments are already erected in the hearts of their followers. [Applause.]

MR. DOCKERY. I now ask the gentleman from Pennsylvania [Mr. Dalzell] to use some of the time on his side.

MR. DALZELL. I do not know anybody who wants to speak over here. I have eleven minutes. I do not wish to occupy more than two.

MR. DOCKERY. I am willing that the vote be taken without further debate.

MR. DALZELL. So am I.

MR. CLARDY. Will the gentleman from Pennsylvania tell the

House what this gentleman has done for medical science that justifies the erection of this monument to his memory? I have read his works on medicine, and I would like to know what benefit has accrued to the world from the doctrine of *similia similibus curantur*, which he undertook to establish.

MR. DALZELL. I will answer the gentleman in the language of Sir John Forbes, physician in ordinary to the Queen, and who belongs to the same school of medicine that the gentleman from Kentucky [Mr. Clardy] belongs to. This distinguished medical authority says : —

No careful observer of his actions or candid reader of his writings can hesitate for a moment to admit that he was a very extraordinary man, one whose name will descend to posterity as the exclusive excogitator and founder of an original system of medicine, the remote, if not the immediate, cause of more important fundamental changes in the practice of the healing art than have resulted from any promulgated since the days of Galen himself. He was undoubtedly a man of genius and a scholar; a man of indefatigable industry and dauntless energy.

I will say further to the gentleman from Kentucky that Hahnemann was not only one of the greatest scholars of his time, but one of the greatest scholars of all time.

MR. CLARDY. That may be true; but the gentleman has not answered my question as to what this man did for the benefit of the world as a medical authority, as the establisher of a medical system. If the gentleman will allow me, I will tell him the real benefit which has accrued to the world from the Hahnemann system. It has, in my judgment, very clearly demonstrated the fact that it is very largely the "*medicatrix natura*" which cures disease, and not the drugs they take. And this conviction has allowed a great many people to die a natural death. Still I hardly think even this great benefit entitled him to a monument.

MR. DALZELL. I have answered the gentleman's question in the language of one of the most distinguished English physicians. This monument is not proposed here to a distinguished citizen or merely to the founder of a school of medicine, but to a man of genius, who belongs neither to place or time, but to the world; and if there were no other reason for the erection of this monument, a sufficient reason would be found in the fact that it ought to be placed in the public gaze as an exposition of what American genius is capable of in the way of sculpture. I ask for a vote.

The question being taken on the motion to suspend the rules, it was not agreed to; there being — ayes 62, noes 73.

We append below an interesting notice of a new work on anatomy to be shortly published by the well-known firm of Lea Bros.

Gerrish's forthcoming "Anatomy by American Authors" promises to be the work for which teachers and students have long been looking. Its editor, Prof. F. H. Gerrish, of Portland, has selected as his fellow-contributors leading anatomists throughout the country, wisely restricting their number to accord with the best division of the subject, gaining thereby unity in result joined with the highest authority. The list includes Professors Bevan, of Rush, in Chicago, Keiller, of the University of Texas, McMurrich, of the University of Michigan, Stewart, of the University-Bellevue College in New York, Woolsey, of Cornell Medical College, likewise in New York, and Gerrish himself, who is not only editor, but perhaps the largest contributor.

The plan of the work judiciously avoids the unimportant and exceptional, reserving its space for those portions of anatomical knowledge which are necessary to the intelligent study of physiology, surgery, and internal medicine. The authors have endeavored to stand in the place of a living teacher to the student, selecting such portions as will be of actual service to the pupil in his study and to the practitioner in his subsequent clinical work, clarifying obscurities, giving most help in the most difficult parts, and illustrating everything by all available methods. Pictorially, Gerrish's "Anatomy" will be by far the most lavish work ever offered on a subject which can already boast of many elaborately illustrated text-books. The engravings number about one thousand; their size is large enough to make visible every detail; colors have been employed more liberally than ever before; and lastly, the labels of the parts have been conspicuously engraved upon them, whereby a glance gives not only their names, but also their position, extent, and relations, obviating entirely the slow, toilsome, and wasteful mental processes necessitated where only reference letters are employed.

In an early issue we shall give our readers a review of the book itself.

We take pleasure in presenting the following letter, which shows that our confrères of the West are alive to the situation : —

CHICAGO, April 10, 1899.

Dear Doctor, — Please bear in mind that the Illinois Homœopathic Medical Association will meet at the Palmer House, Chicago, May 9, 10, and 11. I wish to impress upon you the importance of this meeting and urge you to attend.

The time has arrived for homœopaths to rise up in a body to protect their interests. We must demand our rights, along with those of other schools, in hospitals, asylums, railroads, and insurance companies, and besides, look to legislation. The fault is, we have not been politicians, while our opponents have.

If you are not a member, *become one at once*. We need you to help the cause along.

Chicago meetings in the past have always been large, but let us endeavor to make this exceed all others in attendance ; and if you are not able to present a paper, remember we need your presence and influence. Fraternally yours,

EDGAR J. GEORGE, *Secretary*.

G. F. COUTANT, M.D., President, La Salle, Ill.

H. C. ALLEN, Vice-President, Chicago.

EDGAR J. GEORGE, M.D., Secretary, 801 Marshall Field Building, Chicago.

C. H. LONG, Assistant Secretary, Pontiac.

F. E. DOWNEY, M.D., Secretary, Clinton, Ill.

REVIEWS AND NOTICES OF BOOKS.

STENGEL'S PATHOLOGY: A MANUAL OF PATHOLOGY. By Alfred Stengel, M.D., Physician to the Philadelphia Hospital ; Professor of Clinical Medicine in the Woman's Medical College ; Physician to the Children's Hospital ; late Pathologist to the German Hospital, Philadelphia, etc.

This work is indisputably, first of all, a concise presentation of the author's views on pathology ; secondly, a practical text-book on the subject for the use of the student, and finally, an epitome for general reference. And when we learn from the preface, that to do all this was the writer's ambition, we shall understand how great a compliment we have paid to him and his work. It is not every author that accomplishes what he sets out to do.

The book itself has several good qualities. It is well printed on good paper, and contains an abundance of excellent illustrations,

among them being seven full-page colored plates. Preference is given in the text to pathologic physiology as the basis of instruction in clinical pathology.

Discussions of conflicting theories have been avoided as much as possible, the author saving time and space by the immediate presentation of what is generally accepted as correct. There is consequently no citation of authorities, though a general acknowledgment of indebtedness is made.

The book contains quite a comprehensive chapter on the bacteriæ; and an additional thirty pages are devoted to an article on animal parasites, which is admirable. The usual treatises on pathology of the skin and of the organs of special senses are omitted in recognition of the special treatises on the subject, though it is not clear why deference is paid to these departments over some others. The subject of pathology is always a broad one, and it is doubtful if treatment of the subject in a single volume is ever adequate. If it is also true that the author of the book before us has made no startling scientific revelations, he is yet to be congratulated upon presenting the latest and best acceptations in an interesting manner.

THE PRINCIPLES AND PRACTICE OF MEDICINE; DESIGNED FOR THE USE OF PRACTITIONERS AND STUDENTS OF MEDICINE. By William Osler, M.D. Professor of Medicine in the Johns Hopkins University, F.R.S., etc. Third Edition, Revised and Enlarged. New York: D. Appleton & Son.

Wherever the name of Dr. Osler is known, and it is probably as widely known as that of any practitioner in the country, it is a guarantee of the most thorough and painstaking work in any department of medicine to which he turns his attention. This third edition of his work on practice is ample evidence of this statement. Only three years have elapsed since the second edition appeared, and yet, in the present edition, the book has been almost wholly rewritten.

The principal additions and revisions are on the subjects of Vaccination, Beri-beri, The Bubonic Plague, Cerebro-Spinal Fever, Pneumonia, Malta Fever, Dengue, Influenza, Leprosy, Glandular Fever, Gonorrheal Infection, Cancer of the Stomach, the Gastric Neurosis, Jaundice, Diseases of the Bile-passages, Pancreas, Thymus, Gland and Spleen, Addison's Disease, Encephalitis, Erethro-aulgia, and many shorter articles. In typhoid proper attention is given to the Nidal reaction, and terse but explicit directions given for its application.

The treatment of tuberculosis is quite exhaustive and very interesting. It is very gratifying to note that the fresh air treatment receives quite extensive and favorable notice.

The points which especially recommend this book are its thoroughness, its terseness, the definiteness of its statements, and its entire practicability.

We do not recall any recent work on practice in which the subject-matter is more available, or in which any point can be looked up more readily. It is a book no physician can afford to be without.

PERSONAL AND NEWS ITEMS.

A COMMITTEE of over forty physicians, representing sixteen different medical societies of the city of New York, and including representatives of both schools of medicine, has been formed for the purpose of doing honor to the memory of Dr. Joseph O'Dwyer.

The first meeting was held at the New York Academy of Medicine, November 22, 1898, under the chairmanship of Dr. J. D. Bryant, and was mainly devoted to organization. Dr. Geo. F. Shrady was elected permanent chairman, and Dr. Alfred Meyer permanent secretary, and the following committee on scope and plan was appointed: Dr. Dillon Brown, chairman, and Drs. Robert Abbe, R. G. Freeman, L. Emmet Holt, and Louis Fischer. At the second meeting, held at the Academy of Medicine, March 13, 1899, the report of the Committee on Scope and Plan was adopted, and now only awaits final action of a meeting of the full committee.

The memorial to Dr. O'Dwyer will probably take an educational form; for by the plan now outlined it is proposed to raise a fund of \$30,000, the interest of which shall support two O'Dwyer Fellowships in Pædiatrics, open to competition by physicians who graduate in the United States, and to be held by the successful competitors for a period of two years.

During this period they must furnish satisfactory proof of their engagement in original research work to a committee of five, one of whom shall be appointed by the president of Harvard University, one by the dean of the Johns Hopkins Medical School, one by the provost of the University of Pennsylva-

nia, one by the president of the University of Chicago, and one by the president of the New York Academy of Medicine.

Many details of this general plan are still to be arranged, which it shall be the agreeable duty of the secretary to furnish to the medical press of the country so soon as they are finally decided. This preliminary notice has for its object merely to acquaint the profession with the fact that a movement of this nature is on foot, and that an effort will be made to give it the international character so fitting as a memorial to an investigator of international reputation.

CHARLES H. HELFRICH will remove May 1 to 542 Fifth Avenue, New York City, N. Y.

DR. CHAS. W. HAYWOOD, New York Homœopathic Medical College, '94, has received an appointment as assistant physician at Dr. Givens' Sanitarium for nervous and mental diseases at Stamford, Conn.

FOR SALE.—Practice in town of 5,000 inhabitants, twenty-eight miles from Boston. Collections, \$3,000 yearly. Will sell right. Address "A. E. C.," care Otis Clapp & Son, 10 Park Square, Boston, Mass.

WANTED: An assistant physician (man) in a hospital for the insane. Apply by letter only, stating age, education, experience, &c., to "Hospital," care Otis Clapp & Son, 10 Park Square, Boston, Mass.

THERE will be a competitive examination held at the hospital, 1418 Chapel Street, on May 6, at 2 P.M., for the position of house physician and surgeon of Grace Hospital, New Haven, Conn. Address Grace Hospital Society, E. J. Walker, M.D., Secretary, office, 1136 Chapel Street, New Haven, Conn.

DR. N. EMMONS PAINE, of the Newton Nervine, West Newton, Mass., has been absent for six weeks, spending the time abroad, in London and its suburbs, visiting sanitariums and hospitals. By visiting the European institutions occasionally he continues his acquaintance with their methods, and keeps informed about changes in treatment, construction, and surroundings.

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COMMUNICATIONS.

A PHENOMENON OBSERVED IN THE BLOOD OF MORPHINOMANIACS.

BY S. C. FULLER, M.D.

[*Read before the Massachusetts Homœopathic Medical Society, Jan., 1899.*]

Some remarks on this phenomenon were made to this society at one of its meetings not long ago, and a preliminary note has already appeared in the annual report of the Westboro Insane Hospital for the year ending September 30, 1898. Nothing new has since been added to our knowledge of the subject. The present object is to give a more detailed account of our observations and the experiments made in connection with the study of this very interesting phenomenon; in short, to justify, if I can, the position that has been taken with reference to its origin.

A pathological picture must, like a photograph, take in every detail of the abnormality to be portrayed, and is only fully understood when every step in its development from its incipency can be traced and studied. With the subjects with which the most of us have to deal this is not always possible. We have frequently to draw inferences based upon the data of our accumulated experiences; and when these inferences can at least be partially substantiated by experimental evidences, we may form an opinion, however qualified it may be. All of the clinical symptoms of the cases about to be discussed were given due consideration; but it is to a particular clinical observation that I wish to especially call your attention. Before doing so, however, it might be well

to refer to what led to the accidental discovery of what so far has proven an interesting incident in the study of, and apparently peculiar to, cases of morphinism. It is the custom in the hospital here, with the other examinations made of patients on admission, to make one also of the blood. This is done because of the almost general association of a more or less marked degree of anæmia with all forms of mental disease. Leukæmia, if present, can be differentiated from Hodgkin's disease, and malaria may be detected. If a peculiar rise and fall of temperature suggests typhoid fever, this condition may be quite safely diagnosed or excluded by the count of the leucocytes. Further, certain peculiar neuroses have certain peculiar manifestations that are at times suggested by the differential count of the leucocytes. To make the examinations of value, uniform methods are followed throughout. So that if, for instance, the objection be made to the Fleischl hæmometer, that it is liable to error of from one to two degrees in its readings of hæmoglobin percentages when the results of several hundred separate examinations are studied, its comparative value is not impaired. For counting the red cells Gower's solution is invariably used as a diluting fluid, and for the leucocytes $\frac{1}{3}$ per cent acetic acid in aqua dist. The coverslips are stained with Erlich's triple and Griffith's eosin-methyl blue stains.

It is certainly worthy of note that, in more than three hundred examinations where these uniform methods were used, five cases only, all of which were morphine users, showed on microscopical examination, where the blood had been diluted with Gower's solution, small crystals closely resembling the smaller crystals of morph. sulph. These crystals were colorless — some needle-like in shape, others tapering to a point at one end, the other end having a broken-off or jagged appearance; and with this variety there seemed a tendency to arrange themselves in stellate groups. This, of course, was never observed, as there was at no time a sufficient number to accomplish that purpose. Still another variety was of a long, narrow, parallelogram shape. The crystals ranged in size from about 30 μ . (micro-millimetres) to 60 μ . in length, and

about 3 μ . to 6 μ . in width. They were first observed in a specimen diluted 200 times with Gower's solution. Thinking that perhaps these crystals were due to fault in the technique, or perhaps to a deteriorated diluting fluid, a fresh solution was made up, another specimen of blood taken, and the examination conducted with great care, when they were again observed. Blood was then taken from three different sources of individuals who were not morphine users and examined with the two different fluids, and I could not demonstrate the crystals. Fortunately, there happened to be in the hospital at the same time another morphine patient who had been taking the same amount as the first patient — 25 grains *per diem* — and been admitted on the same day. An examination was made of the blood of patient No. 2; and I without any difficulty demonstrated crystals like those already described. The general condition of the blood in both these cases was markedly anæmic — great reduction of hæmoglobin percentages and red cells. Indeed, in all the cases of the opium habit that I have examined there has been marked anæmia. In one case the hæmoglobin, as estimated by the Fleischl apparatus, was below 20, and the red count less 2,000,000 per cubic metre. There have been nine cases in all, which were addicted to taking opium in some form, that have come under my observation. Five of these may be considered *habitués* in the strictest sense; and it is singular that these five were morphine users, two of which were taking 25 grains *per diem*, one 6 grains *per diem*, one 8 grains *per diem*, and one 90 grains, with 30 grains cocaine additional. The two who were taking 25 grains *per diem* showed the greatest number of crystals. In fact, in one of these cases, where the drug was immediately cut off, they could be demonstrated, though fewer in number, two weeks after. In the other the drug was gradually diminished, but I could not demonstrate them when the patient was taking less than 3 grains *per diem*. In the one taking 90 grains I found only one crystal, quite a large one, but typical. This was observed on first examination, about twelve hours after admission. I should think from the greater numbers observed in the cases taking 25 grains

over those taking 6 grains and 8 grains *per diem*, that the cocaine was perhaps responsible for the small number appearing in the 90 grains case. Just in what way the cocaine influenced the number I am not prepared to say. The other cases, four in number, were not *habitués* in the strictest sense, at least not at the time of admission. One, according to statement, was accustomed, for a few months before admission, to taking from 15 to 20 grains chloral alternate nights, paregoric quite frequently, and at intervals of a week or more morph. sulph.; of this latter, however, never more than $\frac{1}{4}$ grain at a time. According to the commitment paper, this patient had for several years taken drugs to produce sleep. The patient had evidently a neurotic temperament, and according to this statement the drugs taken were antikamnia, chloral, and morphine.

Another had been using opium in some form for three years. Began by smoking it, and kept it up for six months. Then started taking it in pill form, $\frac{1}{8}$ grain morph. twice a day, and increased to 1 grain. Then began taking it in powder form, not measuring, but what was thought sufficient. From October, 1897, to June, 1898, took laudanum, $\frac{1}{4}$ ounce twice a day, and gradually increased to 1 ounce *per diem*. The patient at this time — she claimed, to produce a sensation — took 2 ounces of laudanum and went out for a walk, was picked up in an unconscious state and taken to the City Hospital, Boston. In two days was discharged, and on the evening of discharge took $\frac{1}{2}$ ounce of laudanum and ten cocktails, and being intoxicated and under the influence of laudanum, was again sent to the City Hospital, remained three days, and was sent home, where she continued to take her customary dose, 1 ounce a day. She remained at home a week. Was then taken to the New England Hospital, where she remained a week and a half without receiving the drug. Was then sent to the hospital here, and the day after admission I made an examination, which was twelve days after the patient had been off the drug. No crystals were observed. The patient was anæmic, but not to so great an extent as the other cases.

Another patient was brought here from another hospital in

a very weakened mental and physical condition. She had previously been taking morphine, for how long and in what quantity she does not know, as she has no memory for recent events. There were no crystals found, but there was a very high grade of anæmia, as shown by the examination made a day after admission. The subsequent symptoms for the first week or more were those of demorphinization.

Still another case was one who had been taking the crude opium by mouth for more than fifteen years. No crystals were observed, but a very marked anæmia existed.

In these four cases I have not been able to demonstrate the crystals, and in most instances for obvious reasons.

Since — in the five cases where there was a straight history of morphinism, and patient taking the drug at the time when examination was made — all of these cases showed a peculiar crystalline formation, I have inferred that there must have been some chemical action between the blood of these morphinomaniacs and the Gower's solution; as when the blood was diluted with the $\frac{1}{3}$ per cent acetic acid sol., distilled water, hydrant water, undiluted blood, and smears stained and unstained, I could not demonstrate them.

What would seem to make our present view tenable from a chemical point — that these crystals are due to the morphine taken into the system — is the report of a very interesting experiment of Prof. J. G. Wormley, of the University of Pennsylvania. (*American Journal of Pharmacy*, 1894, in an article on "Some of the Tests for Quinine.") In a case in which "168 grams (about 26 grs.) of strychnine were administered subcutaneously to a dog during a period of four hours, in divided doses, so as to keep the animal paralyzed, 56 mgs. of well-crystallized strychnine was recovered from the urine, 26 mgs. from the liver, and 14 mgs. from the blood." He gives as his opinion that "when morphine or strychnine is taken in excessive quantity, a portion seems to be distributed to the organs by simple exosmotic diffusion, and this may be readily recovered in the crystalline state."

In the literature of blood examinations I have found no cases reported where these crystals were observed; and in a

letter from Dr. Richard C. Cabot, of Boston, a leading hæmologist in the United States, he tells me he has not met with them in his experience, neither has he seen them described in the literature on the subject.

In March, 1897, through the interest taken in our observations on the blood of morphinomaniacs here by Dr. J. P. Sutherland, the Registrar of the Boston University School of Medicine, there were undertaken a series of experiments under the supervision of Professor Rockwell, of the Department of Physiology; and to him and two of his students, Messrs. Walter S. Adams and T. C. Chandler, I wish to give full credit for the very painstaking experiment which has seemed to verify our observations here. The experiments were conducted over a period of five weeks. The following is the report presented from the Physiological Laboratory of Boston University:—

“Twelve rabbits were taken for the experiment. Each rabbit was kept in a separate apartment, and an equal quantity of food was given to each one daily. To ten of the rabbits doses were given hypodermatically of sulphate of morphia twice each day, commencing with a small amount and gradually increasing it at different rates for different rabbits. These ten were divided into five sets of two each, the same dose being given to each one of a set, so that, if one should not live, the work might not be interrupted. The other two of the twelve were kept normal for comparison with the others, as a check on the work.

WEIGHTS.

Rabbit No.	March 3.	March 10.	March 17.	March 24.	March 31.	April 7.
1	4 lbs. 4¼ oz.	4 lbs. 11¾ oz.	4 lbs. 8 oz.	4 lbs. 11 oz.	4 lbs. 9½ oz.	4 lbs. 8 oz.
2	4 1	4 3¼	4 2½	3 9½	3 13½	3 11¾
3	3 11	4 1¼	3 13¾	3 ¼	3 15	3 13¼
4	4 7	4 7¾	4 2¾	4 2½	4 ¾	4 1
5	3 10¾	3 13	3 12¼	3 13¼	3 12¾	3 12¾
6	3 15½	4 2½	3 8¼	3 8½	3 10¾	3 6¾
7	3 11¼	3 14	3 11½	3 13¼	3 9	3 5¾
8	4 8½	4 7¾	4 3¼	4 1¾	4 ½	4 3
9	4 2¾	4 ¾	4 ¾	4 2¼	4 4½	3 13½
10	3 8½	3 10¾	3 9¾	3 10	3 9½	3 7¼
checks { 0	2 11¼	3 ¾	3 3	3 1¾	3 1¼	3 ½
{ 00	3 8½	3 8½	3 12½	3 10¼	3 11¾	3 9

DOSAGE.

DATE.	RABBITS.					DATE.	RABBITS.				
	1 & 2	3 & 4	5 & 6	7 & 8	9 & 10		1 & 2	3 & 4	5 & 6	7 & 8	9 & 10
March.						March.					
3 p.m.	$\frac{1}{8}$ gr.	$\frac{1}{8}$ gr.	$\frac{1}{8}$ gr.	$\frac{1}{8}$ gr.	$\frac{1}{8}$ gr.	23 a.m.	$\frac{3}{8}$ gr.	$\frac{1}{2}$ gr.	1 gr.	$2\frac{1}{2}$ gr.	$4\frac{3}{4}$ gr.
4 a.m.	$\frac{1}{8}$	$\frac{1}{8}$	$\frac{1}{8}$	$\frac{1}{8}$	$\frac{1}{8}$	23 p.m.	$\frac{3}{8}$	$\frac{1}{2}$	1	$2\frac{5}{8}$	5
4 p.m.	$\frac{1}{8}$	$\frac{1}{8}$	$\frac{1}{8}$	$\frac{1}{4}$	$\frac{1}{4}$	24 a.m.	$\frac{3}{8}$	$\frac{1}{2}$	1	$2\frac{5}{8}$	5
5 a.m.	$\frac{1}{8}$	$\frac{1}{8}$	$\frac{1}{8}$	$\frac{1}{4}$	$\frac{1}{4}$	24 p.m.	$\frac{1}{2}$	$\frac{1}{2}$	$1\frac{1}{4}$	$2\frac{3}{4}$	$5\frac{1}{4}$
5 p.m.	$\frac{1}{8}$	$\frac{1}{8}$	$\frac{1}{8}$	$\frac{3}{8}$	$\frac{1}{2}$	25 a.m.	$\frac{1}{2}$	$\frac{1}{2}$	$1\frac{1}{4}$	$2\frac{3}{4}$	$5\frac{1}{4}$
6 a.m.	$\frac{1}{8}$	$\frac{1}{8}$	$\frac{1}{8}$	$\frac{3}{8}$	$\frac{1}{2}$	25 p.m.	$\frac{1}{2}$	$\frac{3}{4}$	$1\frac{1}{4}$	$2\frac{7}{8}$	$5\frac{1}{2}$
6 p.m.	$\frac{1}{8}$	$\frac{1}{8}$	$\frac{1}{4}$	$\frac{1}{2}$	$\frac{3}{4}$	26 a.m.	$\frac{1}{2}$	$\frac{3}{4}$	$1\frac{1}{4}$	$2\frac{7}{8}$	$5\frac{1}{2}$
7 a.m.	$\frac{1}{8}$	$\frac{1}{8}$	$\frac{1}{4}$	$\frac{1}{2}$	$\frac{3}{4}$	26 p.m.	$\frac{1}{2}$	$\frac{3}{4}$	$1\frac{1}{4}$	3	$5\frac{3}{4}$
7 p.m.	$\frac{1}{8}$	$\frac{1}{8}$	$\frac{1}{4}$	$\frac{5}{8}$	1	27 a.m.	$\frac{1}{2}$	$\frac{3}{4}$	$1\frac{1}{4}$	3	$5\frac{3}{4}$
8 a.m.	$\frac{1}{8}$	$\frac{1}{8}$	$\frac{1}{4}$	$\frac{5}{8}$	1	27 p.m.	$\frac{1}{2}$	$\frac{3}{4}$	$1\frac{1}{2}$	$3\frac{1}{8}$	6
8 p.m.	$\frac{1}{8}$	$\frac{1}{4}$	$\frac{1}{4}$	$\frac{3}{4}$	$1\frac{1}{4}$	28 a.m.	$\frac{1}{2}$	$\frac{3}{4}$	$1\frac{1}{2}$	$3\frac{1}{8}$	6
9 a.m.	$\frac{1}{8}$	$\frac{1}{4}$	$\frac{1}{4}$	$\frac{3}{4}$	$1\frac{1}{4}$	28 p.m.	$\frac{1}{2}$	$\frac{3}{4}$	$1\frac{1}{2}$	$3\frac{1}{4}$	$6\frac{1}{4}$
9 p.m.	$\frac{1}{8}$	$\frac{1}{4}$	$\frac{3}{8}$	$\frac{7}{8}$	$1\frac{1}{2}$	29 a.m.	$\frac{1}{2}$	$\frac{3}{4}$	$1\frac{1}{2}$	$3\frac{1}{4}$	$6\frac{1}{4}$
10 a.m.	$\frac{1}{8}$	$\frac{1}{4}$	$\frac{3}{8}$	$\frac{7}{8}$	$1\frac{1}{2}$	29 p.m.	$\frac{1}{2}$	$\frac{3}{4}$	$1\frac{1}{2}$	$3\frac{3}{8}$	$6\frac{1}{2}$
10 p.m.	$\frac{1}{4}$	$\frac{1}{4}$	$\frac{3}{8}$	1	$1\frac{3}{4}$	30 a.m.	$\frac{1}{2}$	$\frac{3}{4}$	$1\frac{1}{2}$	$3\frac{3}{8}$	$6\frac{1}{2}$
11 a.m.	$\frac{1}{4}$	$\frac{1}{4}$	$\frac{3}{8}$	1	$1\frac{3}{4}$	30 p.m.	$\frac{1}{2}$	1	$1\frac{3}{4}$	$3\frac{1}{2}$	$6\frac{3}{4}$
11 p.m.	$\frac{1}{4}$	$\frac{1}{4}$	$\frac{3}{8}$	$1\frac{1}{8}$	2	31 a.m.	$\frac{1}{2}$	1	$1\frac{3}{4}$	$3\frac{1}{2}$	$6\frac{3}{4}$
12 a.m.	$\frac{1}{4}$	$\frac{1}{4}$	$\frac{3}{8}$	$1\frac{1}{8}$	2	31 p.m.	$\frac{3}{4}$	1	$1\frac{3}{4}$	$3\frac{5}{8}$	7
12 p.m.	$\frac{1}{4}$	$\frac{1}{4}$	$\frac{1}{2}$	$1\frac{1}{4}$	$2\frac{1}{4}$	April					
13 a.m.	$\frac{1}{4}$	$\frac{1}{4}$	$\frac{1}{2}$	$1\frac{1}{4}$	$2\frac{1}{4}$	1 a.m.	$\frac{3}{4}$	1	$1\frac{3}{4}$	$3\frac{5}{8}$	7
13 p.m.	$\frac{1}{4}$	$\frac{3}{8}$	$\frac{1}{2}$	$1\frac{3}{8}$	$2\frac{1}{2}$	1 p.m.	$\frac{3}{4}$	1	$1\frac{3}{4}$	$3\frac{3}{4}$	$7\frac{1}{4}$
14 a.m.	$\frac{1}{4}$	$\frac{3}{8}$	$\frac{1}{2}$	$1\frac{3}{8}$	$2\frac{1}{2}$	2 a.m.	$\frac{3}{4}$	1	$1\frac{3}{4}$	$3\frac{3}{4}$	$7\frac{1}{4}$
14 p.m.	$\frac{1}{4}$	$\frac{3}{8}$	$\frac{1}{2}$	$1\frac{1}{2}$	$2\frac{3}{4}$	2 p.m.	$\frac{3}{4}$	1	2	$3\frac{7}{8}$	$7\frac{1}{2}$
15 a.m.	$\frac{1}{4}$	$\frac{3}{8}$	$\frac{1}{2}$	$1\frac{1}{2}$	$2\frac{3}{4}$	3 a.m.	$\frac{3}{4}$	1	2	$3\frac{7}{8}$	$7\frac{1}{2}$
15 p.m.	$\frac{1}{4}$	$\frac{3}{8}$	$\frac{5}{8}$	$1\frac{5}{8}$	3	3 p.m.	$\frac{3}{4}$	1	2	4	$7\frac{3}{4}$
16 a.m.	$\frac{1}{4}$	$\frac{3}{8}$	$\frac{5}{8}$	$1\frac{5}{8}$	3	4 a.m.	$\frac{3}{4}$	1	2	4	$7\frac{3}{4}$
16 p.m.	$\frac{1}{4}$	$\frac{3}{8}$	$\frac{5}{8}$	$1\frac{3}{4}$	$3\frac{1}{4}$	4 p.m.	$\frac{3}{4}$	$1\frac{1}{4}$	2	$4\frac{1}{8}$	8
17 a.m.	$\frac{1}{4}$	$\frac{3}{8}$	$\frac{5}{8}$	$1\frac{3}{4}$	$3\frac{1}{4}$	5 a.m.	$\frac{3}{4}$	$1\frac{1}{4}$	2	$4\frac{1}{8}$	8
17 p.m.	$\frac{3}{8}$	$\frac{3}{8}$	$\frac{5}{8}$	$1\frac{7}{8}$	$3\frac{1}{2}$	5 p.m.	$\frac{3}{4}$	$1\frac{1}{4}$	$2\frac{1}{4}$	$4\frac{1}{4}$	$8\frac{1}{4}$
18 a.m.	$\frac{3}{8}$	$\frac{3}{8}$	$\frac{5}{8}$	$1\frac{7}{8}$	$3\frac{1}{2}$	6 a.m.	$\frac{3}{4}$	$1\frac{1}{4}$	$2\frac{1}{4}$	$4\frac{1}{4}$	$8\frac{1}{4}$
18 p.m.	$\frac{3}{8}$	$\frac{1}{2}$	$\frac{3}{4}$	2	$3\frac{3}{4}$	6 p.m.	$\frac{3}{4}$	$1\frac{1}{4}$	$2\frac{1}{4}$	$4\frac{3}{8}$	$8\frac{1}{2}$
19 a.m.	$\frac{3}{8}$	$\frac{1}{2}$	$\frac{3}{4}$	2	$3\frac{3}{4}$	7 a.m.	$\frac{3}{4}$	$1\frac{1}{4}$	$2\frac{1}{4}$	$4\frac{3}{8}$	$8\frac{1}{2}$
19 p.m.	$\frac{3}{8}$	$\frac{1}{2}$	$\frac{3}{4}$	$2\frac{1}{8}$	4	7 p.m.	1	$1\frac{1}{4}$	$2\frac{1}{4}$	$4\frac{1}{2}$	$8\frac{3}{4}$
20 a.m.	$\frac{3}{8}$	$\frac{1}{2}$	$\frac{3}{4}$	$2\frac{1}{8}$	4	8 a.m.	1	$1\frac{1}{4}$	$2\frac{1}{4}$	$4\frac{1}{2}$	$8\frac{3}{4}$
20 p.m.	$\frac{3}{8}$	$\frac{1}{2}$	$\frac{3}{4}$	$2\frac{1}{4}$	$4\frac{1}{4}$	8 p.m.	1	$1\frac{1}{4}$	$2\frac{1}{2}$	$4\frac{5}{8}$	$8\frac{3}{4}$
21 a.m.	$\frac{3}{8}$	$\frac{1}{2}$	$\frac{3}{4}$	$2\frac{1}{4}$	$4\frac{1}{4}$	9 a.m.	1	$1\frac{1}{4}$	$2\frac{1}{2}$	$4\frac{5}{8}$	$8\frac{3}{4}$
21 p.m.	$\frac{3}{8}$	$\frac{1}{2}$	1	$2\frac{3}{8}$	$4\frac{1}{2}$	9 p.m.	1	$1\frac{1}{2}$	$2\frac{1}{2}$	$4\frac{3}{4}$	$8\frac{3}{4}$
22 a.m.	$\frac{3}{8}$	$\frac{1}{2}$	1	$2\frac{3}{8}$	$4\frac{1}{2}$						
22 p.m.	$\frac{3}{8}$	$\frac{1}{2}$	1	$2\frac{1}{2}$	$4\frac{3}{4}$						

"The doses were given, one between 8 and 9 A.M., and the other between 5 and 6 P.M. Food was given just before the doses, consisting of turnips and carrots, and averaging 12 ounces a day. Blood taken from the ear of the rabbits and diluted with Gower's solution 1-50 and 1-100 was examined microscopically from time to time. Nothing out of the ordinary was found until March 23 (the end of the third week of the experiment), when in blood from No. 8, which was taking

2½ grains *per diem*, and No. 9, which was taking 5 grains *per diem*, small colorless crystals were found. These were cylindrical, about 21 μ . long and 2 μ . wide. Later, crystals of the same general character were found in rabbits Nos. 5, 6, 7, 8, 9, and 10. Some of these crystals were large at one end, narrowing to a point at the other. The others were like those mentioned above. The largest one found was about 60 μ . long and 3.5 μ . wide. The blood from the check rabbits was also examined at frequent times during the experiment, but at no time were the crystals discovered.

“The general health of the animals was good throughout the experiment. After becoming accustomed to the new conditions, the appetites seemed to increase, and no other effect was noticed, save a tendency to drowsiness soon after receiving the dose. Of course this was more marked in those taking the largest amounts of the drug, and here the usual symptoms of contracted pupil and slow pupillary reflexes were observed.”

You will see the close resemblance in the results of these experiments and the results of the examination of the five cases of morphinomaniacs above referred to. In three of the five pairs of rabbits they were able to demonstrate these crystals. The remaining two at no time were receiving more than 1½ grains a day. In these they were not observed.

PATHOLOGY.

Dr. Norman Kerr, in the *Twentieth Century Practice of Medicine*, in his article on “The Opium Habit,” in discussing the action of opium claims that “it slightly raises the vital temperature. As opium diminishes arterial tension, it may produce passive congestion of the kidneys and other organs.” The production of a passive congestion I succeeded in demonstrating by autopsy on two of the rabbits used in the experiment above referred to. The rabbits selected were one taken from the pair taking the largest amount of the drug, and the other one of the checks. Attention was directed particularly to the kidneys and liver. These organs in the check were in a normal condition, while in the other there was a passive congestion of both the kidneys and the liver.

One would naturally suppose that this passive congestion would lead to the production of an albuminuria; and yet Dr. Kerr, in his wide experience in London, has never found albuminuria in morphinomaniacs except when albuminuria has preceded morphinism.

However, in a copy of the *Indian Medical Record*, quoted by Sajou, Dr. Artman reports two cases, taking each 240 grains *per diem*, where albuminuria was present. In our five straight cases one only showed a trace of albumen with a few small hyaline casts; and in the other four, one showed the presence of a few hyaline casts, but no albumen. Whether these conditions existed before, I do not know.

Dr. B. Sachs, in Hamilton's "System of Legal Medicine," writes that "the condition produced by excessive use of morphine varies in different individuals. As a rule there is at first great irritability of temper, excessive restlessness (allayed for a time by each fresh dose), lack of energy and application to work, a distinct loss of memory, which may lead to complete apathy and imbecility. Early in the career of the morphine fiend a general depravity is noticeable: he shows a disregard for truthfulness, and will resort to any subterfuge, even to stealing, to get the drug." The description given certainly coincides with the clinical experience of cases treated here.

The pathology of the temporary condition induced by the sudden withdrawal of morphine is well presented in an article by P. Sollier, of Paris, in *La Semaine Medicale* for August 17, 1895. Of the effects of demorphinization upon the liver, he observes that "under the influence of morphia intoxication the functions of the liver are diminished; this is also the case with the other glands of the organism. After the suppression, on the contrary, it presents a very great overactivity, and diarrhoea, sometimes vomiting, occurs. During the first forty-eight hours the stools and material vomited consist almost exclusively of pure bile in large quantities." He was not able to demonstrate chemically the presence of morphine in these discharges, but inferred that in this way the system ridded itself of the stored-up drug; and indeed, this the clinical

symptoms would seem to indicate. As to the vomiting of bile and the passage of bile in the stools, he draws a clinical picture which, in the experience of the hospital, is a classical description.

It is his opinion, and one, I believe, now generally accepted, that "the functional overactivity of the liver and all of the glands, particularly those of the digestive tract, occasions an active organic regeneration, accompanied by cellular renovation." So that "the greater the evacuation of the bile, the more complete the renovation." It is, however, to be borne in mind that, with this condition, the tendency to relapse is greater because of the extreme delicacy of the regenerated organs, which do not resist very strongly new intoxicants.

In conclusion, we wish to emphasize that in the study of this class of cases too much cannot be known. All clinical symptoms must be sought by the best methods of examination, and not the least among them is a thorough examination of the blood. Demonstrate, if we can, these crystals! Truly they are not the *sine qua non* of the diagnosis of morphinism; but those of us who are familiar with the difficulty of treating morphinomaniacs, know of their entire disregard for truth, their moral depravity, and the means they will resort to for procuring the drug, baffling at times all honest effort on the part of the physician, cannot fail to appreciate so simple a method of detecting the true state of affairs. I think it must be considered an advantage to know if the patient is taking morphine, no matter how small this advantage may be on the ultimate results of the case.

OCCIPITAL POSTERIOR PRESENTATIONS.

BY JOHN F. WORCESTER, M.D., CLINTON, MASS.

[Read before the Massachusetts Homœopathic Medical Society, April 12, 1899.]

In presenting the above subject for your consideration, I do not expect to revolutionize your ideas concerning occipital posterior presentations of the foetal head, but possibly present many of your unformulated opinions and actions which speak louder than words.

We have all studied text-books on obstetrics, and we have all wondered why occipital posterior presentations were so shortly dealt with. In most text-books the percentage of occipital presentations are given; then it tells how to determine when we have an occipital posterior; tells us also that when flexion of head on breast is not maintained, we shall have the long diameters of the head, occipital foetal or even occipital mental, stretching the muscular outlet of pelvis; within bony pelvis great compression of head and tearing of soft parts of mother, and perhaps death of child and of mother; and if conformation of head or pelvis is too close, delivery by forceps and perhaps a live child, perhaps not; injuries to the mother, perhaps fatalities, and so on. Or if flexion is well maintained, the occiput will descend on to perineum and resistance be lessened, the occiput will swing round below ischial spines, the pubes acting as fulcrum on which the circle of the head turns; for the head is not a simple lever, but a spherical body — one contending with varying planes of resistance and transmission of forces. Finally, the occiput will come under the pubes, and the head will be born as in anterior positions of the occiput.

Now this all sounds very easy, and so it is if things are just right; but it seems to me that we are dealing with something too precious, in human life and human health, to submit longer to a mode of practice that is trusting so much to chance. In most malpresentations of the foetus at the pelvic brim we are instructed, and rightly, to interfere before the parts are fixed in the bony pelvis, and before the amniotic waters have escaped, making it both *comparatively safe* and *easy* to change the position of the child to a more favorable one, and have far better outlook for both mother and child.

In occipital posterior presentation we have important conditions to deal with, and they should be met before the time is past when it can be done with safety.

We find this presentation, according to Winckle of Munich, in 1,732 births; 93 per cent are occipital presentations, and of these 1.26 per cent are occipital posterior. Playfair claims

that 4 per cent of occipital posterior presentations do not rotate into either first or second occipital presentations.

In the American text-books of obstetrics, the only one advising interference before labor has far advanced in occipital posterior presentations gives statistics from a large number of labors with varying percentages of occipital presentations, 97 per cent down to 83 per cent, 75 per cent occipital left presentations; of these 2 per cent are occipital left posterior, but 25 per cent occipital to the right side of mother. Of these, it says, in the early stages of labor before head is pressed into brim, a large part are occipital right anterior, but as soon as engaged in brim become occipital right posterior, and in the latter part of second stage again rotate and become occipital right anterior.

The causes of occipital posterior presentations are not clearly defined. Winckle says that the failure to rotate is usually due to some pathological condition — pelvic deformity, or general narrowing of pelvis, prolapse of cord or of anus; more than anything else, perhaps, a large head. This last, in this country, will perhaps explain, more than any other cause, the reason for our difficulties in this position of the child. I have found it so in my own practice, that with small heads, in a normal pelvis, rotation and natural delivery take place; but in a large percentage of cases a large foetal head prevents the flexion and descent of head, and we are forced to interfere to save mother, even if child has to be sacrificed. Determination of position of child is made by external palpation; the head is found on deep pressure over pubes; in thin subjects the contour of face may even be felt, especially so in occipital posterior presentation. The back lies farther to the back of mother, the heart sounds are heard much farther to the back of mother than occipital anterior presentations, and the small parts lie on the front and opposite side to the back.

By vaginal examination the head is felt as in all occipital presentations. In occipital posterior presentations, in the early stages of labor, the sagittal suture is in a posterior oblique diameter, the small fontanelle at posterior portion of

this diameter, the large one at anterior end; the lambdoid suture, coronal suture, ears and forehead, eyes and nose, are felt if the examining finger be introduced high enough.

In the later stages, after the cervix has dilated, it is easier to determine the position, as the guiding points are more readily reached, and position of sutures and fontanelles depend upon stage of labor and the course it has taken.

It has been my own experience — and I find the same point spoken of in the “American Text-Book of Obstetrics” — that in most cases labor of perhaps normal pelvis, where the head fails to come readily into brim of pelvis, the condition is one of occipital posterior presentation.

This is due to two causes: first, that the biparietal diameter of head comes in the short diameter from sacral promontory to ilia pectineal prominence, and if head is large it does not readily engage, or if pelvis is contracted or deformed and head normal the result is the same; and also, probably from the lack of proper engagement and consequent impaired flexion or even extension of head, descent does not take place, and we get irregular and insufficient uterine contraction.

The important fact to be borne in mind in these cases is, that if labor is to terminate normally, that is, rotation is to take place, the head must enter brim and also enter cavity of pelvis in a well-flexed position. Pressure on frontal portion of head by the examining finger is often, and perhaps usually, enough to accomplish this; and the occiput, descending more rapidly, comes to floor of pelvis. The occiput lies in the hollow between sacrum and ischium, on either side depending on the diameter occupied, the frontal portion at the forward or pubic end of oblique diameter. Descent taking place, the occiput is forced downward and forward along the posterior groove, and rotates backward on the antilateral wall of pelvis; continuing to rotate along anterior groove, the occiput comes under pubes, and delivery takes place as in first and second positions of head.

If flexion does not take place, the forehead descends, and we have a frontal presentation or even extreme extension,

and a face presentation with greatly increased danger to mother and child ; or there may be moderate flexion and the forehead lodge behind pubes, and the occiput and forehead distend vaginal outlet, and we get extreme distention of perineum or rupture of same, as the descent stops here or even higher up in cavity of pelvis, and instrumental delivery is needed.

There are a number of ways advised in the handling of these cases of occipital posterior presentation.

First. In those cases where, before labor has begun, we find this position present, the patient should be directed to take frequently the knee and chest position, to keep off her feet as much as possible, to lie on opposite side to that at which the back of child may lie, hoping gravity will tend to rotate child into an anterior position.

Second. To promote flexion at brim and in cavity of pelvis, and try to promote rotation and normal anterior delivery in this manner.

Third. When head has entered cavity of pelvis, and rotation does not occur, to apply forceps, reversed forceps, and try to rotate head in pelvis — a dangerous and difficult proceeding — or to apply forceps to sides of head and do the same, or deliver rapidly in the posterior position ; this last where progress is stopped, and condition of mother and child indicate interference.

Fourth. I have advised and applied this method in my own practice for a number of years, where from size of the head and the pelvis it is certain that labor would be a great danger to child and mother if no assistance were given to raise head from pelvis. Of course it must be in early stages, when head is freely movable, and, if possible, before amniotic water has escaped and cervix well dilated. Rotate into an occipital anterior position, and hold it in this position ; and, if necessary, rupture bag of waters and trust the contraction of uterus will prevent return to former position. In such cases, where the head does not engage, and such manual rotation does not succeed, version should be made ; but this is not often necessary, and occasionally I have found that, by apply-

ing high forceps after manual rotation, the results were most satisfactory.

To sum up in a few words :—

It seems to me that interference in all doubtful cases of this presentation is indicated ; that interference should be before the head has become fixed in pelvis, before waters have escaped, making rotation at brim both safe and easy, and if necessary, high forceps applied, with rapid termination of labor, or podalic version made and rapid delivery in this manner effected.

I cannot understand why we should adopt an expectant attitude in these cases any more than in face or brow presentations, or any other malposition of the child — when we have a large head and a small pelvis, or any disproportion of head and pelvis likely to prolong labor and endanger mother or child — when by proper care at brim, while child is freely movable, we can do almost anything in the way of interference, with very little danger to either mother or child.

OCULAR INDICATIONS FOR SUGGESTIVE THERAPEUTICS.

BY D. W. WELLS, M.D., BOSTON, MASS.

[*Read before the Boston Homœopathic Medical Society.*]

That suggestion plays an important part in *all* therapeutics probably no one present will question. The genuine cures of Christian Science, Faith Cure, Divine Healing, and our own “placebos” prove that there is in all of these a real therapeutic agent. And as in all these systems the “machinery” of suggestion is used, is it unreasonable to assume that it *alone* is the active factor which is concealed by the fanciful notions of each particular sect ?

As we are stigmatized as a *sect* by the dominant school, would it not be very desirable for us to distinguish between our suggestive cures, and those which we can safely credit to *Materia Medica* and *Vix Medicatrix Naturæ* ? It may be suggested that such analysis is useless, and that, if the patient is

cured "speedily, gently, and permanently," the fine distinction as to just what the factors may be is of no moment. But this is not the scientific spirit; and though the problem is not an easy one, yet the increasing recognition of mental therapeutics by the profession at large and by the laity, will force us ere long to answer the question.

The fact is often noted that at the time most of our provings were made, the potency of auto-suggestion was but little recognized. Dr. Sutherland's chart system promises to give us something more scientific; and, as has been frequently mentioned, the *objective* symptoms also should be carefully recorded by trained observers. Now if, as Dr. Sutherland tells us, "*knowledge* concerning drug pathogenesis can be arrived at only by following the paths which have led to knowledge in other departments," why not extend this critical analysis to the realm of therapeutics? This would be in accord with the plan outlined before this society for utilizing our hospital statistics. The attention which is now being given to hypnosis by prominent physicians, both in this country and in Europe, would justify the formation of a section of our society, devoted to this particular branch. This might be called the psychological section, which is the name used in the British Medical Association for this department, which reported last July at Edinburgh.

It behooves us to demonstrate that the curative principle of the various fads can be applied by physicians in a scientific manner. It is admittedly a "Campaign of Education," and it is probable that the majority of one's patients will not take kindly to *naked* suggestion, as they have an exalted opinion of the efficacy of drugs, and for them the active principle will have to be "sugar-coated." But there will be found quite a respectable minority of the more intelligent, who are somewhat unsettled in their medical orthodoxy by the apparent successes of the cures *without* medicine, and these will welcome the idea of suggestion without the extravagant pseudo-philosophy of the "fads."

It is truly wonderful what therapeutic power is hidden in a "placebo" pellet. But whether the prescribing be open

or covert, the physician should by check experiment distinguish between his *suggestion* and his *medicine*, that *he* be not deceived. Let no one suppose from what has been said that the writer questions the truth of *similia similibus curantur* or the efficacy of many remedies empirically prescribed; but it is his purpose to show the *prevalence* of a *suggestive* factor, that every *post hoc* is not a *propter hoc*, and that the loose habit of claiming that the last remedy given cured the case does not tend to the advancement of truth, nor of homœopathy. For the same reason we should look with suspicion upon any one who claimed hypnotic suggestion to be a panacea, while, on the other hand, no attempt will be made in this short paper to discuss the *limitations* of its usefulness. A conservative opinion would seem to be that there are spheres in which it is the remedy *par excellence*. Is it too much to claim that it has its indications in accordance with the law of similars?

Its action is in the field of psychics, and in a broad way it is the psychoses which are most amenable to this treatment. There is a class of cases in which there *has* existed some pathological or functional cause of pain, which becomes so indelibly registered in the consciousness that the *memory* of the pain remains, even after the cause has been removed. These are generally chronic cases, and the exciting cause has been at work for some time. There may also be an element of auto-suggestion here: the association of pain with certain functions or acts may have been so long a fact, that after the cause is *removed*, the function or act may suggest the pain.

This is intelligible if we recognize that the mind has different planes of activity: two broad divisions being the conscious and the *sub-conscious*, the latter having charge of our bodily functions, with occasional interference from the upper, or conscious, sphere. In this lower plane *every* sensation is registered as a more or less vivid memory, while the upper or volitional part inhibits all but the sensation to which we wish to give attention. This power of concentration, or the exclusion of *distracting* sensations, is the charac-

teristic distinction of the higher mentality. The *sub*-conscious self is like that low type of mind which accepts without question whatever suggestion it receives. It therefore follows that suggestion, to be most effectual, should be addressed to this *sub*-conscious self. This cleavage of the mind, the suspension of the normal inhibition, offers the best explanation of the phenomena of hypnosis, and for difficult cases the induction of the hypnotic state is probably essential; but the possibilities of an hypnotic suggestion are not generally appreciated.

Dr. Petersen and Dr. Sidis have both emphasized the fact that it is not necessary to hypnotize the patient to obtain therapeutic results. The induction in the patient of a quiet, passive mental state is all that is required. Closing the eyes helps to obtain this condition, and the patient should then be addressed in a reasonable but determined manner, and the needlessness of his present suffering explained to him. At the next sitting the patient may be carried to the first stages of hypnosis, and later into as deep a trance as may be required. It is a conservative rule to carry the hypnosis only as far as may be needed to make the suggestion effective.

With this much of a preface, we are prepared to consider in what ocular affections suggestive treatment is indicated. *A priori* it might be inferred that hyperæsthesia of the retina, hysterical amblyopia, photophobia, and lachrymation (when not caused by refractive errors) would be amenable conditions; also some of the asthenopias with only slight refractive errors, though here a word of caution: the suggestion cannot *cure* the refractive error, and it would seem to be more reasonable to relieve the patient of the constant irritation by the proper glasses. But especially amenable are those cases of pain in eyes or head, the *memory* of which persists *after* the cause is relieved by glasses, operative treatment, or medicines. If by glasses, the patient and his "friends" think that the oculist has made some mistake, yet repeated examinations only confirm one in his prescription. The experience of numbers of similar cases warrants one in expecting a cure. I think this picture is familiar to every oculist; and while the

indicated remedy often clears up the case, yet sometimes the symptoms persist until the patient seeks another physician.

With about a dozen physicians the writer has been studying and experimenting with hypnotism for two years, and has made a few practical applications, with good results in every instance. The following case is presented as typical of the class referred to, in the hope of bringing out some discussion of the subject:—

Case. December 2, 1898. Mrs. X. Age, 56.

Patient was referred by her oculist in New York, who had three years previously prescribed near and distance glasses, which patient was then wearing. She is a woman of intelligence and appears quite self-possessed. General health good; runs a small business; feels responsibility in the doings of all her friends, that is, assumes cares unnecessarily. Consulted on account of dull, constant pain in eyeballs, sometimes in one eye and then in the other. After going to sleep at night pain was so severe as to waken her, insomnia following. Also had pain in eyelids after reading. These symptoms had existed for six weeks. Subject to migraine all her life; appetite good; bowels regular; occasionally has suboccipital headache.

The case showed slight but well-marked astigmatism in addition to the far-sightedness previously corrected; no increase in the old sight, and a slight tendency of the eyes to turn in. This latter is often an indication of an uncorrected refractive error and the glasses with the astigmatic correction were ordered, and relief of the symptoms was confidently expected. After wearing glasses, the tendency of the eyes to turn in became more manifest, and various trial prisms were used until a combination was found which was very satisfactory, and then permanent glasses were ordered. With these seeing and reading were comfortable, but the pain in the eyeballs at night remained. Three months elapsed, during which I tried a variety of remedies, but the pain still awakened the patient nearly every night. Treatment by suggestion was broached, and after a family consultation arrangements were made for treatments three times a week.

At first sleep was not suggested, but the patient composed herself in a comfortable chair, and I lectured to her for ten minutes on the plan that I proposed to pursue, telling her very decidedly that it was only a question of time, that a cure was sure, and that she would notice some improvement at once. In three days the patient reported that the pain was less. With this encouragement, the treatment was carried to the first stage of hypnosis, a condition in which the patient is unable to open the eyes and yet is conscious; and sound sleep at night with *no* disturbance from pain was suggested. At next visit patient reported that not only had she slept soundly every night, with no pain whatever, but that she was rather concerned because she felt so drowsy in the evening before going to bed. She was assured that this could be obviated. Hypnosis was this time carried to cataleptic stage, that is, the patient's arm remained rigid in whatever position it was placed, though she was not wholly unconscious; and very precise suggestions were given that she should feel sleepy only at the proper time for retiring.

No further treatments were required, and over a month has now elapsed, with no return of symptoms.

SOME OF THE ORAL MANIFESTATIONS OF SYPHILIS.

BY JOHN L. COFFIN, M.D.

[Read before the South Middlesex Dental Society, May 1, 1899.]

Mr. President and Members of the South Middlesex Dental Society, — In accepting the very kind invitation of your Secretary to address you this evening on "The Manifestations of Syphilis within the Oral Cavity," I am moved not only by a feeling of appreciation of the compliment therein implied, but by a feeling of pleasure at finding a body of men, representative of a profession intimately allied to my own, who are alive to the necessity of some knowledge of this dread disease and its dangers.

It is rather imperative that, before we consider the manifestations in which you are specially interested, certain general facts concerning syphilis be briefly stated.

Syphilis is a chronic, contagious, constitutional, infectious malady, either acquired or inherited, due, undoubtedly, to a specific germ whose identity has not yet been definitely determined upon.

It runs a more or less definitely defined course, the limits of which, however, can never be exactly predetermined.

It may attack any tissue of the body, and one or several organs of the economy may be affected, either singly or simultaneously.

Through the secretions from many of its lesions and the blood, it is extremely contagious; the normal physiological secretions of the body do not contain the contagious principle. Although essentially a venereal disease, a very large majority of the cases being caused by impure sexual contact, it is by no means always so, and many authoritative cases are on record, innocently contracted by innumerable vehicles of contagion. From this it follows that the contagion may be mediate as well as immediate.

Contagion is always by inoculation, a break in the continuity of the tissue first affected being necessary.

Whatever the location of the point of infection, or from whatever lesion the source of contagion arises, the first manifestation is always the "primary lesion" or chancre.

The primary lesion is sometimes very slight, and may fail to receive marked attention, but the severity of the disease bears no relation to the gravity of the primary lesion.

Syphilis in its entirety may be a comparatively mild disease, but the contagiousness of its lesions are as sure and dangerous as in its gravest form.

The symptoms of syphilis may simulate the lesions of many other innocuous maladies, hence oftentimes arises, in the absence of confirmatory history, great difficulty in making an absolute diagnosis.

The lesions which occur within the oral cavity are much the same as those which occur upon the cutaneous surface of the body, but modified by the peculiarity of the tissues involved. They are of especial importance from the fact that they are among the most contagious manifestations; and from the

admixture of the secretions with the saliva, the latter becomes in itself a prolific medium through which the disease may be spread, either immediately or mediately, through handkerchiefs, napkins, eating utensils, and instruments.

Other points of importance are the liability of these lesions to recur, and that some of them do not occasion sufficient physical discomfort to attract the attention of the patient.

First, let me invite your attention to the primary lesion in this locality, that is, chancre as it occurs upon the lips, tongue, or throat. Chancre of the lip may occur either on the upper or lower lip, but is more common on the lower. Generally single, it may be multiple, or chancres on both lips and opposite each other sometimes occur. It presents itself most frequently as an erosion, varying in size from a split pea to a dime, is covered with a yellowish or grayish yellow detritus, or may be covered with a brownish crust, which cracks and bleeds easily. The exudation from this is not abundant. This excoriation is seated upon a hard, indurated base, which may feel like a cardboard plaque let into the tissue beneath, or the induration may be extensive and diffuse, causing to some extent eversion of the lips. Rarely the lesion in this location presents a true ulceration. The neighboring lymphatic glands are always swollen and indurated. It is most often mistaken for cancer or an obstinate herpes or cold-sore.

Chancre of the tongue is next in frequency. Here it occurs either as an erosion or an ulceration, oval or rounded in shape, and with less induration than upon the lip, although occasionally it may be marked.

The ulcer generally has a sloping, crateriform border, with a grayish or opaline floor; the adenopathy is marked, very hard, and involves chiefly the submaxillary and subhyoid glands.

Chancre of the tonsil is accompanied, as a rule, with much induration and hardness, presents superficial or deep ulceration—the ulcer presenting much the same appearance as when situated upon the tongue—and the cervical and submaxillary glands are involved.

Chancre of the soft palate occurs as a raised indurated infiltration, rather small in size, red or grayish on the surface, with adenopathy of the glands at the angle of the jaw.

Although the primary lesion may occur on the inside of the cheek and other locations within the mouth, they are extremely rare and need not claim our attention here.

The primary lesion in these various localities may gradually heal, the surrounding induration persisting for some time ; or, especially within the oral cavity, it may merge into one of the earliest of the secondary or constitutional lesions — the so-called mucous plaque or patch. This, to my mind, is perhaps the most important lesion for you to know something about, as it is one of the most contagious lesions and one easily escaping observation.

When this follows the primary lesion, it presents itself as a moist, grayish, rounded, rather sharply defined patch, looking, as Morrow aptly states, “as though a stick of nitrate of silver had been passed lightly over the area.”

Ordinarily a mucous plaque begins as a reddened spot somewhere on the buccal mucous surface, sometimes single, far more often multiple, rounded or oval in shape, very rarely irregular. It may be flat, smooth, on a level with the surrounding tissue, or a little raised above it. In some instances it looks not unlike what is ordinarily called by the laity “canker,” but with this distinction, that whereas in this disease the physical discomfort is altogether out of proportion to the insignificance of the lesion, in these lesions of syphilis the contrary more often happens, that is, the physical discomfort is insignificant in comparison with the severity of the lesion. In this connection permit me to quote from Dr. Charles W. Allen in Morrow’s “System.” He says : “Probably the most common mistake made is to confound the aphthous ulcer and the mucous plaque. There is often little or no distinction to be made between the ordinary *canker sore* and an exulcerating papule, and concomitant evidence must be relied upon. The patient may, however, state that the small rounded ulcer is quite tender, whereas the specific

lesion is often not complained of, and the non-ulcerating papule is scarcely attended with any subjective symptom."

A not uncommon form, which I have frequently observed, especially upon the arches of the palate, its pillars, and the tonsils, is an irregularly rounded spot, apparently on a level with surrounding tissue, but probably really slightly depressed, of a slightly opaline color, around the margins of which there seems to be a slight fringe of overhanging epithelium.

The locations within the mouth where these lesions are especially apt to be found are those portions most liable to irritation, as the tonsils and arch of the palate from the swallowing of food; the top and sides of the tongue, especially when, as not infrequently occurs from some coexisting anæmia, the tongue is large, flat, and relaxed, and presses with some force against the teeth; at the posterior portion of the lower gum, just back of the last molar; upon the dorsum of the tongue in pipe-smokers, and, for no reason I can assign, the gingivo-labial junction, under the upper lip. Besides the above, we have what is called the papulo-erosive plaque, presenting itself as a sharply defined, circular patch, where the outer layer of epithelium is removed, and the rete mucosum beneath shows a red, varnished appearance, having a moist, shining appearance. This becomes coated with a membranous deposit, which in turn may be shed, and this alternate exfoliation and reproduction may continue for some time.

Occasionally, when this condition has existed for some time, especially in the presence of some more or less constant irritation, as from tobacco chewing, inveterate smoking, or the presence of a sharp tooth, this lesion becomes much thickened, and sometimes the papillæ become enlarged, giving a warty appearance; or, again, these papillæ may become enlarged in groups, giving a vegetating or cauliflower growth. In these cases the growth is covered with fetid, grayish, bad-smelling exudation. The tongue and the angles of the mouth are the regions more frequently affected by these growths.

Ulcerations and fissures occur during the secondary stage — ulcerations not dependent upon a preëxisting papule or

patch, but originating *de novo*, as it were, from a slight wound. They are superficial in character, irregular in shape, and have a grayish, dirty, pultaceous base. This ulceration may be secondary to a crack or fissure, which may form on the lips, in the angles of the mouth, or upon the tongue; and their presence and severity, if not entirely due to, are undoubtedly favored by neglected hygiene of the mouth, either alone or combined with too active and prolonged mercurial treatment.

The lesions of which I have spoken so far are essentially moist lesions. Besides these there are certain appearances styled dry plaques of the mouth and tongue; but as they are of rather rare occurrence, extremely difficult of diagnosis, and from the fact of their having no exudation, being less liable to spread the disease, it seems hardly necessary to speak of them in detail. For the same reason, lest I tax your patience too far, I have omitted the later manifestations, such as the gummatous infiltration, the deep ulcerations involving bone tissue, etc., as these are not considered by the best authorities to-day as containing the contagious principles of syphilis, although they may become the means of septic infection. Neither does the specific treatment of these manifestations of the disease concern us here to-night; but a very large and important auxiliary to that treatment consists in prophylaxis, in which your honorable profession has no small part. Absolute cleanliness of the mouth in the syphilitic is imperative. After each meal the teeth should be thoroughly brushed and the mouth rinsed with some antiseptic solution. The teeth should, in the very beginning, be put in the most perfect order possible by the dentist, all tartar should be removed, sharp angles or points smoothed, decayed teeth thoroughly and properly filled, or where this is impracticable, they should be removed. The dentist should in all cases receive the fullest confidence of the patient, and should hold it as sacred and inviolate as does the physician.

To my mind, the dangers which confront the dentist are twofold: first, that of contracting the disease, and second, that of transmitting the disease by instrument or otherwise.

As being forewarned is being forearmed, the danger of contagion to the operator could be guarded against, would

the patient frankly confess to his dentist his condition ; and the latter could thus properly protect himself against infection. Unfortunately, I do not believe that this is generally done ; hence it becomes almost imperative that you be constantly on your guard, as though all mouths were syphilitic. Syphilis is no respecter of persons ; the high and the low, the rich and the poor, the savant and the illiterate, are all equally liable to be afflicted, either through accident or as the reward of their own iniquity. The dentist, then, should be sure that there is not the slightest abrasion, even to a pin-point, anywhere upon the hands ; and if any occur, they should be thoroughly sealed with absorbent cotton and collodion, or the fingers which may be introduced into the patient's mouth should be protected by thin rubber cots. Extreme care should also be taken that the fingers be not themselves wounded during operations, and after each the hands should be thoroughly scrubbed with soap and hot water.

Early in this article I laid down the proposition that syphilis was not always a venereal disease. To those of you who care to pursue this aspect of the disease, a work published a few years since by Dr. Bulkley, of New York, under the title of "Syphilis Insontium," would, I am sure, prove intensely interesting. Up to the time of publication the author had collected nine thousand authenticated cases of syphilis innocently acquired. Innumerable things served as media of contagion, among which are mentioned dentists' instruments. Seven authors mention cases inoculated from dentists' instruments and five cases where the dentist has himself been inoculated. This leads me to consider the second danger to which I referred above, namely, that of transmitting the disease by means of instruments. There is but one way to avoid this, and that is by absolute and thorough sterilization of all instruments used and of the glass from which the patient may, from time to time during the operation, rinse the mouth, after every case, whether syphilitic or not. The point I would especially like to emphasize is that all work done by you in a patient's mouth is essentially *surgical*, and the same rules regarding asepsis should apply with equal force to the dentist as to the surgeon.

EDITORIAL.

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

The matter of the consolidation of the dispensary with the Massachusetts Homœopathic Hospital, which has been under consideration for some time, was finally decided in the negative at the last quarterly meeting of the trustees of the dispensary.

We believe this decision is for the best. The interests of the two institutions are not identical, and therefore the necessities of each must vary to a considerable extent. The trustees of the dispensary have some of them been identified with its management for a long time, are thoroughly conversant with its faults and its necessities; and it is reasonable to suppose that they, who have made such a success of the institution so far, are better qualified to preside over its future destinies than a new board of trustees, whose duties and interests have been almost wholly with the hospital.

Again, under the present board of trustees of the hospital, the responsibility for the practical management of that institution devolves entirely on one person, the medical director; and to add to that responsibility the management of the dispensary, as would logically follow from a union of the two, would be to increase his labors to a degree which is hardly kind or just.

Although the hospital has been very generously endowed, it is within bounds to say that its present needs and future growth will tax all its resources, and there would be little to be devoted to the dispensary, which, at best, would be looked upon only as an auxiliary. It is far better that the latter stands upon its own feet, independent of the crumbs which might fall from the hospital table. It needs funds—what charitable institution does not—and it will get them fully as soon, in our judgment, as it now exists, as it would as a department of a large hospital; and what it does get will be

its own, and not merged into the general fund for the benefit of the whole, as might take place under a union.

Plans are already being prepared by the architect, Mr. Olin W. Cutter, for building a second story to the dispensary building, and it is the intention of the committee in charge to perfect the work the present summer.

The *Boston Transcript* for May 6 has a very interesting article about our plucky friend, Dr. Mary Mosher, who went to the Klondike region a year or more ago. Her experiences are thus told in her own language : —

“ I found,” writes Dr. Mosher, in a letter to her family, “ that the medical council was obliged to give all applicants an examination. No concealment was made of the fact that it would be made especially hard for me. The threat was carried out. I was given ‘ catch ’ questions and such queries as only a professor of anatomy or a specialist could possibly know. Of course I failed. I had paid \$100 for the privilege of the examination, and received \$50 back with a command not to practise.

“ When I heard that a man had been given his papers three days before to study up I forgot my disappointment in my anger, and I made up my mind to try again and win. I borrowed every medical book in Dawson, and studied night and day until I was nearly exhausted. I paid a professor of surgery \$75 to quiz me until I felt absolutely sure of myself. I mastered all the awful text-books, and was up in every method of operation on all parts of the body. I studied until my brain power nearly left me, and when the date was announced for another ‘ exam. ’ I again appeared before the council. I was there from nine o’clock until six o’clock one day, and from ten o’clock until two o’clock the day following for oral questions.

“ I stayed in the cabin and had the announcement brought to me, for I could not bear to have any one see me if I were to be disappointed again. But I was not, for I passed most successfully. One member of the board who does not approve women doctors at all confided to me that they decided not to trip me up, as I had shown tremendous pluck. They gave me a hard, but entirely fair trial. The very men who ordered my sign taken down have been here to congratulate me. It is a great satisfaction, because I am the only woman doctor al-

lowed to practice in the Yukon district, and the only homœopath in the entire Northwest territory."

No doubt Dawson is a cold country, but it is not "cold" enough to freeze the pluck out of a Boston University girl — not yet.

EDITORIAL NOTES AND COMMENTS.

It is our painful duty to chronicle with this issue the death of two most estimable physicians in our midst, Dr. W. C. Cutler, of Chelsea, Mass., who died from peritonitis, secondary to intestinal ulceration, on May 1; and Dr. Laura M. Porter, of Boston, who died very suddenly May 2, of apoplexy.

We append below notices which appeared in the *Boston Transcript* and the *Chelsea Gazette*: —

DR. WILLIAM C. CUTLER.

Dr. William Clark Cutler, one of Chelsea's oldest practising physicians, died last night. Dr. Cutler was well known, not only in Chelsea, but throughout the entire United States, principally through his position as head of the New England Vaccine Company, which he organized in 1871. When the State Board of Registration in Medicine was established in 1891, Dr. Cutler was appointed to the board by Governor Greenhalge, and was reappointed in July, 1897, by Governor Wolcott.

He was born at Holliston, May 17, 1837. He was a son of Phineon Newton Cutler, who was a large mill owner in Holliston and Ashland. His preliminary education was received in the Ashland High School and at Mt. Hollis Seminary. He was graduated at the old Laight Street Medical College in New York in 1859, and began practice in Upton in 1860. Six years later he settled in Chelsea.

Dr. Cutler was a member of the American Institute of Homœopathy, of the Massachusetts and Boston Homœopathic Medical Societies, vice-president of the medical board of the Rufus S. Frost General Hospital of Chelsea, a director in the Winnisimmet National Bank, and a trustee of the County Savings Bank, also of Chelsea. He was one of the founders of the Review Club, Chelsea's leading social organization, and was its president in 1875. He was a thirty-second degree Mason.

In 1883 he visited the extreme southern coast of Florida, a section then comparatively little known. So favorably was he impressed with the locality that he made purchases of land and founded the town of Cutler on the shores of Biscayne Bay. He had there a large plantation of tropical fruits and a mammoth steam starch factory. He leaves a widow and one son, Dr. Charles S. Cutler, who was associated with him in his practice.

RESOLUTIONS OF HOSPITAL TRUSTEES.

At a special meeting of the trustees of the Rufus S. Frost Hospital, held last Tuesday evening to take action on the death of Dr. William C. Cutler, the following resolutions were adopted : —

Resolved, That the Board of Trustees of the Rufus S. Frost General Hospital has learned with most sincere sorrow of the death of Dr. William C. Cutler.

Resolved, That we desire to express our deep and heartfelt sorrow over this great bereavement, and to offer our tribute of affection to the memory of one who was ever ready to respond to the call of duty and succor the needy and distressed.

Resolved, That in the death of Dr. William C. Cutler this hospital, with the management of which he was so long connected, has met with an irreparable loss, and removed one of the most valued friends of the hospital from the sphere of usefulness which his benevolent purpose filled, and one whose genial, helpful presence, wise counsel, and conscientious fidelity to duty inspired others to emulate his virtues and quickened the activities of all associated with him in the good work to which he was so unselfishly devoted.

Resolved, That the Board of Trustees of the Rufus S. Frost Hospital extend to the widow and son of our deceased friend their warmest and most sincere sympathies in this hour of affliction.

Resolved, That a copy of these resolutions, signed by the president and secretary, be forwarded to the family of the deceased.

JABEZ K. MONTGOMERY, *President*.

ALFRED W. BROWN, *Secretary*.

LETTER OF FROST HOSPITAL MEDICAL BOARD.

At a meeting of the Medical Board of the Rufus S. Frost General Hospital, held May 3, 1899, it was unanimously voted that the following letter of condolence and sympathy be sent to the family of the late Dr. William C. Cutler, and also that a copy be spread upon the records of this institution : —

As each annual meeting comes around, it is sad to contemplate the inevitable changes which come to our roll of membership.

The sober realization of the absolute laws of nature can scarcely make

us reconciled to the loss of the companionship of those members who have always by their words and constant presence done so much to promote the welfare of the Rufus S. Frost General Hospital, and the profession generally.

Although time had made Dr. William C. Cutler one of our senior members, his unfaltering activity classed him as one of our juniors. And so has passed a physician who for many years has been a pillar in the Rufus S. Frost General Hospital, and by his death we are called upon to mourn the loss of one of our senior brothers. We shall always cherish his memory and keenly feel the absence of one of our most prominent and esteemed members, whose long experience and wise counsel will be greatly missed in our deliberations. In him we recognize the noble man, earnest, devoted physician, and highly respected citizen, and our sympathy is feelingly tendered to the family of our deceased member in their sad affliction.

CHARLES H. SHACKFORD, *President.*

JOHN F. MAHONEY, *Secretary.*

LAURA MAXWELL PORTER, M.D.

Died May 2, 1899.

These few words mean that many men and women have lost from their lives the presence of a lovely woman, a noble character, and a continual inspiration. The memory of her beautiful presence and of her inspiring daily life remains, but the human heart craves the light of the noble face, the tender kindling glance of the eye, and the strong, warm clasp of the hand, and to-day there is no comfort.

Dr. Porter was born in Scituate, Mass. She was educated in the Lyman School, East Boston, going from there to the Girls' High School, in Boston, and thence to the Boston Normal School, where she graduated. She taught for many years in the Phillips School, and many Boston boys now grown to manhood owe much of their stability of character and right views of life to their association with Dr. Porter at this school. But, though Dr. Porter was a teacher in the best meaning of the word, she resigned this profession to become a physician. She thus satisfied all the aspirations of her nature, for a physician is a teacher — and something more. She studied medicine in New York, graduating, in 1878, from the New York Woman's Medical College and Hospital. She returned to her beloved Boston, and at once entered upon a successful practice. Dr. Porter was highly esteemed in her profession, and was a member of the Massachusetts Homœopathic Medical Society, the Boston Homœopathic Medical Society, and the Twentieth Century Medical Club.

A. C. V.

SOCIETIES.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

Business Session.

The regular meeting of the society was held at the Boston University School of Medicine, Thursday evening, April 6, 1899, at 7.50 o'clock, President Sarah S. Windsor, M.D., in the chair.

The records of the last meeting were read and approved.

The following physicians were elected to membership: Wilmot L. Marden, Lynn; Susan B. H. Gibbs and Charles S. Capelle, Roxbury.

The Obituary Committee on the death of Dr. Houghton presented the following resolutions:—

Whereas, Dr. Henry A. Houghton, one of our honored and beloved colleagues, has been removed from our midst by death; therefore

Resolved, That in his death we as a profession have lost a genial comrade, a wise counsellor, and a true friend.

Resolved, That we sympathize with his family in their great bereavement, and with his many patients in their loss of a noble-hearted, kind, self-sacrificing, faithful, and devoted physician.

Resolved, That a copy of these resolutions be spread upon our records and sent to the family of the deceased.

I. T. TALBOT,
F. W. HALSEY,
H. C. CLAPP,

Committee.

The Hahnemann Monument Committee acknowledged the receipt of the following additional subscriptions:—

Dr. E. E. Allen	\$5.00
„ F. P. Batchelder	15.00
„ John L. Coffin	5.00
„ Jane K. Culver	5.00
„ Ellen Hutchinson Gay	5.00
„ Annie M. Selee	5.00
„ Winfield Smith	5.00

Dr. Stephen A. Sylvester	5.00
„ Walter Wesselhoeft	5.00
„ Benjamin H. West	5.00

\$60.00

Previously acknowledged \$235.50

Total \$295.50

Scientific Session.

REPORT OF THE SECTION OF SURGERY.

J. W. HAYWARD, M.D., Chairman;

WILLIAM T. HOPKINS, M.D., Secretary; A. CHIPMAN PALMER, M.D., Treasurer.

Drs. J. Emmons Briggs, George H. Earl, and Frank L. Newton were elected sectional officers for the ensuing year.

I. Résumé of Hospital Service just Finishing. Nathaniel W. Emerson, M.D.

II. Use of the Clamp and Cautery in the Treatment of Hemorrhoids. Frederick W. Halsey, M.D.

III. Report of Four Surgical Cases Showing Patients and Results.

1. Bronchial Cyst in an Infant.
2. Bullet Wound of the Arm involving the Elbow Joint.
3. United Fracture of the Tibia.
4. Sarcoma of the Scapula.

Winfield Smith, M.D.

Discussion opened by Edward E. Allen, M.D.

IV. Operation of Choice in Chronic Prostatic Hypertrophy. William T. Hopkins, M.D.

As Dr. Emerson was not present early in the evening, the first paper was read by Dr. Halsey.

Dr. Boothby, in discussing the paper, said in part: "I suppose the chairman knows that I am not an enthusiastic champion of the clamp or cautery, because I believe that operation by removing the tumors and uniting the parts is quite as good and, to my mind, is a little nicer way of doing it. The objection to the clamp, that I see, is this: in a large

number of cases of hemorrhoids there is not one large hemorrhoidal growth on one part, but several. Remove a little mucous membrane, and you see a number of little veins standing up; you can remove these down to the fibres of the muscle by taking away tissues, and in this way there is a more complete operation. Dr. Green, of Little Rock, said he had adopted a suggestion of mine in regard to hemorrhoids where they were external and internal. Instead of making a complete circle, a part of the hemorrhoid is taken out near the integument and a little one side, and then a little of the internal, so as not to remove too much of the tissue around the edge. In Pratt's system a considerable tissue is taken out near the anus and the mucous membrane from the bowel drawn down, which is bad, as it is of a different character and color, and should not be near the anus. I would favor the knife rather than the clamp in most cases, and in others the clamp would be better."

Dr. Stone: I have no use for cautery, except in a very few cases. I have better success with the knife than the cautery. The ideal operation is the slip. The cut is clean, and the parts immediately adjust themselves. I have never seen any bad results. My principal reason for the slip operation is: clean cut, and the parts adjust themselves without sutures.

Dr. Halsey: There is little to add. Dr. Boothby, in speaking of the clamp, very kindly acknowledges that it has its uses, and if he had heard all my paper he would have agreed with me that the clamp was useful in certain hemorrhoids, where they are distinct and separate. I have had a little experience with the slip operation that Dr. Stone refers to without taking any sutures. I have had one or two patients come very near bleeding to death, which destroyed my faith in that method. Sewing is more painful.

Dr. Emerson then gave a brief "Résumé of Hospital Service just Finishing," stating that notwithstanding the rigid system of asepsis employed, a mixed infection had, in some manner which he could not explain, found its way into the hospital.

Dr. Wesselhoeft, in discussing the subject, said in part : "Dr. Emerson has stated all that I know regarding the facts in the matter. I should like to say that my confidence in the measures employed has not been shaken at all. Why the cases suppurated, and why it took place at that particular time, we are not prepared to explain. The measures used to gain asepsis were more rigid than ever before. I have had the pleasure of serving two terms with Dr. Winn. He was able to run the summer season without one drop of pus. It seems to me the test was as thorough as ever has been made to my knowledge, therefore I have no explanation to offer. We tried to do our best."

Dr. Boothby : Was this condition so severe as to endanger life, or was it a trouble which came on during the case ?

Dr. Emerson : In no case was life in danger. A stitch abscess, containing a small drop of pus in the lower part, which we should not have considered anything, was scored a failure. A principle of this kind loses its value if it is colored to make it favorable. The catgut was more carefully prepared than ever before and of finer quality. The cases were of such a variety that they could not be traced to any particular feature. Every one was excluded from the operation except Dr. Wesselhoeft and myself. An ordinary case of appendicitis we would do alone. Though working individually, neither one was able to eliminate the feature of sepsis. I do not believe we are so dependent upon surroundings that we cannot control sepsis. There was a mixed infection, which had its origin in the hospital. I would like to emphasize what Dr. Wesselhoeft says, that it in no way affects my views of the problem as stated. The fact that there was infection and failure does not shake my faith in the methods used.

Dr. Boothby : In regard to the fatal cases, were they due to sepsis ?

Dr. Emerson : No. In no case except one, which I question. I think that was an exception ; a patient died thirty-six hours after operation. I question if it was due to sepsis, because there was nothing in the condition of the woman before her death that would indicate it.

Dr. Hayward : In these cases where pus appeared, was it confined to the external stitch, or was it in the deeper tissues ?

Dr. Emerson : In the deeper tissues and external suture as well. Since the condition of extraneous general infection, which was in the hospital at the time, was wiped out, we have had no sepsis, and in no case in the peritoneal cavity.

Dr. Boothby : I am very much interested in this matter, as my experience during the winter in an entirely separate place has in some measure corresponded to Dr. Emerson's. It seems to me that we have got to look for trouble in one of two directions. I had one case this winter of very severe infection, and a very troublesome case, which was taken out of my hands and sent to the City Hospital. This patient had sepsis, which started with appendicitis. In about twenty-two hours after the operation was performed pus was reported, and, on opening the peritoneal cavity, there was a track of extraneous matter, which was a clear indication, to my mind, of sepsis ; and I believe that the patient did not have sepsis to start with, but got it afterwards. The appendix was not in a very bad condition, and I am sure that it was not the cause of all the trouble. Now I have found this winter that there was a great deal more trouble in keeping the cases aseptic. I had one patient die after removal of appendix. The patient did very well for a few days. I opened up the peritoneal cavity and found no pus. I think that the trouble this winter must be due to atmospheric conditions. I have noticed for a number of winters, that when pneumonia and other diseases of an inflammatory type were prevalent, there was more trouble in keeping these cases free from infection. It is quite possible that we may be using catgut from the same source, that a lot of catgut has germs of a more serious character which are not destroyed, and we get infection in that way. Then again, the question comes up, to my mind, whether there is not something in our extreme character of straining at a gnat and swallowing a camel. I have had my house painted throughout to see if it had anything to do with the trouble. I do not know that this made any difference, or that I have had less trouble. I think the trouble is in the atmosphere.

Dr. Hopkins : Dr. Boothby has been speaking of a similar experience to that of the homœopathic hospital ; and I would say that for the past four months I have been in almost daily attendance at the Lynn hospital, and sepsis has been almost entirely unknown. I have failed to find more than one or two cases of this sort. I do not know whether that would have any bearing on the subject.

Dr. Emerson : I question the atmospheric theory. If there is anything about the system there is something definite, because we want definite results. If it is left to individual discretion, the system is a weak one. We can excuse ourselves by saying, peculiar winter and peculiar sickness, but that is no explanation. It is interesting to me that Dr. Boothby has thought out independently that it might have been in the catgut, in the same way that we have ; that we had got hold of a lot of catgut which was very hard to sterilize, and did not get it sterilized way through ; if so, the method has been imperfect.

Dr. Boothby : We cannot always account for the germ of pneumonia, and why it prevails at certain seasons and not at others, and that these germs are more universally stirred up from some point.

Dr. Emerson : If you have a growth of germs in the room and stir it up, you get all kinds of infection in the air. We have not worked under any such conditions, the room and everything in it being adapted for the purpose ; 212° or 260° moist heat for an hour will sterilize. The room in which we operate has the most scrupulous care.

Dr. Newton : I think Dr. Emerson has brought this down to a very fine point. If everything was absolutely sterilized, then nothing could emanate. If the infection did not manifest itself until so many days, the infection must have had a certain incubation. Now, at the time when diseases are prevalent, such as those of the respiratory organs, of which Dr. Boothby has spoken, we might reasonably look for infection from this source. The sutures had softened down to the point where the catgut had not been absolutely sterilized. Another point — that of operating with uncovered or covered

hands. I have somewhere seen the statement of a surgeon that he traced every case to his own hands or finger nails, and he did not believe that the absolute sterilizing of the hands was possible.

Dr. Emerson : I wish, personally, to distinctly state that I do not offer any opinion as to the cause of infection. During a definite season last year we had over three hundred operations, with very few failures ; and our effort has been to demonstrate the efficacy of our methods, that are the outgrowth of a system which has been taken up by Dr. Wesselhoeft and myself ; and until we see something different, we do not intend to throw over the experiments we have tried. If we had one or two cases, we might get infection from air, but not in a series. We had not a single case of air infection.

Dr. Gay : I have had no practical experience in surgery. This subject was discussed by the Indiana State Convention one time when I was present, and it was suggested that infection might result from the perspiration of the operator.

Dr. Powers : It seems to me that it would be a desirable thing if tests of pus discharges were made ; and if it were found to be due to some special bacteria, we might be able to discover the true cause of infection.

Dr. Hayward : Is it fair to compare winter service with summer ?

Dr. Halsey : Suppuration would be much more likely to occur in the winter and spring than in the summer.

Dr. Winfield Smith gave a description of four interesting surgical cases, which had come under his observation ; and demonstrated the success of the operations by the presence of the patients. Three of the cases were admirable illustrations of the resources of modern surgery in preserving and restoring to usefulness an injured extremity, where formerly amputation was considered the only treatment.

Dr. Allen, in discussing the paper, said in part : " As the hour is getting late, and we still have another paper to come before us this evening, I shall not presume to take up much of your time in discussing Dr. Smith's paper, although I think that by free discussion we learn a great deal about the

subject treated. I suppose Dr. Smith requested me to open the discussion on his paper more from the fact that two of the cases reported came especially under my attention than from any extensive surgical knowledge that I might possess.

“The first case of bronchial cyst I saw with Dr. Wood on the second day after birth, and we succeeded in reaching a satisfactory opinion as to the probable trouble at once. I had in mind a few words, which I picked up from Dr. Packard’s lectures in 1896, when he called the attention of the class to congenital tumors in this region. The point was then made of the extreme rarity of these cases ; and, if I remember rightly, he then said that he had seen but three cases of this trouble up to that time. Dr. Wood left the care of the little one and her mother to me for the two succeeding days, and during that time the tumor grew from the size of a small walnut to the size mentioned by Dr. Smith. It hindered respiration, especially if the child was laid on the opposite side, and it also interfered with nursing.

“When it was decided to operate, the anesthetic was given to me to administer — a task which I did not relish, I can assure you. A very small quantity had been given when respiration was suspended suddenly. I think this was caused by the relaxation of the muscles, allowing the cyst to be sucked into the tract, or at least to obstruct it, which, with the tongue, completely shut off respiration, and this in spite of good elevation of the jaw. This seems to me to be the explanation, because distinct efforts at inspiration were made after air ceased to pass, and at this time the heart was keeping on under 1-100 gr. of glonoine (instead of strychnine as Dr. Smith says), one half syringeful having been immediately given. After the usual means had been put in force for resuscitation and the tongue forcibly drawn forward, we were rewarded by a small return to life, the spark gradually kindling until the child seemed to have sufficiently recovered to admit of the operation proceeding. The first incision into the sack had evacuated some of the contents ; but now a much larger quantity came with the larger opening, and soon the cyst wall followed. I want to say right here that I firmly

believe that infection of the contents had taken place previously to any operative interference, and for this reason : the fluid in the cyst was thick, yellowish, and exceedingly foul-smelling when it was evacuated. That there was an opening into the respiratory tract we are sure, because on two different occasions I got the hydrogen dioxide reaction in the mouth while syringing out the cavity through the tube — the case being in my care for five weeks after the operation, during Dr. Wood's absence in California. It seems to me that the child's own breath infected the cyst, and that, too, very soon after birth. In this way we may account for the temperature and the increase in size. The progress of the case was very satisfactory, the discharges getting less and less ; and finally, about the first of August, the tube came out and discharges ceased.

"I count myself very fortunate in having had a chance to see one of these rare conditions.

"Mr. Slater came to me on February 21, 1898, with the history which you have heard, and desired me to examine his arm, stating that he was in the care of the physician of the man who shot him. This physician had diagnosed a simple flesh wound and had bandaged the arm with no attempt at antisepsis, and said that the injured member would be all right in a few days. I was unable to understand how ordinary human flesh could stop a thirty-eight calibre bullet, especially when fired point blank at a distance of less than twenty-five feet. That the arm did stop the bullet was evidenced by the fact that Mr. Slater picked the ball out of the wound just after the injury. I was satisfied that the head of the radius was injured and advised him to go with me to Dr. Smith for examination and an X-ray picture. The arm was in an active septic condition, very much swollen both above and below the elbow, and painful on pressure over the head and upper part of the shaft of the radius.

"The examination proved the diagnosis, but for legal reasons the case was not further interfered with for one week, the same physician still attending him. Finally, as nothing was being done to save his arm, I prevailed upon him to

enter the hospital and let Dr. Smith operate ; and he consented, with the result you have seen.

“I consider that this man’s best arm has been saved for him, with but little impairment of its normal functions, and possibly his life. One can readily see from this case what modern surgery must mean on the field of battle, for here we have an illustration of the old method as contrasted with the new. What the outcome might have been had he not submitted to operative interference is hard to realize.

“The other two cases I will not take your time in discussing, except to say that the results are all that could be desired, and certainly the operation for excision of the scapula seems to be an ideal one for conserving the use of the arm.”

The last paper of the evening was read by Dr. William T. Hopkins, his subject being “Operation of Choice in Chronic Prostatic Hypertrophy.”

Owing to the lateness of the hour, Dr. Hopkins’ paper was not discussed.

The meeting adjourned at 10.10 P.M.

FRANK E. ALLARD, *General Secretary.*

INSTITUTE NOTES.

ATLANTIC CITY, N. J., May 10, 1899.

To the Members of the American Institute of Homœopathy and the Homœopathic Physicians of the United States and Canada,—Atlantic City extends a hearty invitation to attend the Fifty-fifth Annual Convention of the Institute, June 20 to 24. As the time for this meeting draws near, the indications become clearer and stronger that it will be a very large and enthusiastic gathering. Several members of the Institute have visited Atlantic City the last few days, making hotel arrangements for the entertainment of the clubs and parties. It looks now as if this session of the Institute will be a congress of clubs and societies. Having a list of forty good hotels from which to choose (many of them being in every way first class) has made it an easy matter for these advance agents to secure just the accommodations that they

desire. There is still room for more, but the committee would advise early engagements where large parties are concerned if those having them in charge desire that all their members should room near each other or on the same floor.

The following is a list of the hotels that have been secured with the rates per day, one person in a room :—

Brighton,	from \$4.00 to \$5.00	Chester Inn,	\$2.00
Windsor,	„ 3.50 „ 5.00	St. Charles,	from 3.50 to \$5.00
Dennis,	„ 3.00 „ 5.00	Chalfonte,	„ 3.00 „ 5.00
Iroquois,	„ 3.00 „ 5.00	Haddon Hall,	„ 3.00 „ 5.00
Rudolf,	„ 3.00 „ 5.00	Luray,	„ 3.00 „ 5.00
Traymore,	„ 3.00 „ 5.00	Shelburne,	„ 3.00 „ 5.00
Senate,	3.00	Sea Side,	3.00
Galen Hall,	„ 3.00 „ 3.50	Grand Atlantic,	„ 2.50 „ 3.50
(Sanatorium).		Islesworth,	„ 2.50 „ 4.00
Norwood,	„ 1.50 „ 2.50	Morton,	„ 2.50 „ 3.50
Stickney,	2.00	Sandhurst,	„ 2.50 „ 4.00
Pennhurst,	„ 2.50 „ 3.50	Wiltshire,	„ 2.50 „ 4.00
Waverly,	„ 2.50 „ 3.50	De Ville,	„ 2.50 „ 3.00
Berkeley,	„ 2.50 „ 3.00	Holmeshurst,	„ 2.50 „ 3.50
Glasslyn,	„ 2.50 „ 3.50	Kenilworth Inn,	„ 2.50 „ 3.00
Irvington,	„ 2.50 „ 3.50	Kuehnle,	2.50
Lehman,	„ 2.50 „ 3.00	Edison,	„ 2.00 „ 3.00
Anchorage,	„ 2.00 „ 3.00	Little Brighton,	„ 2.00 „ 3.00
Lelande,	„ 2.50 „ 3.00	Strand,	„ 2.50 „ 3.00
Runnymede,	„ 2.50 „ 3.00	Ponce de Leon,	„ 2.00 „ 2.50
Canfield,	„ 2.00 „ 2.50	Richmond,	„ 2.00 „ 2.50
Revere,	„ 2.00 „ 2.50	La Belle Inn,	„ 1.50 „ 2.50

The program has developed in a way that is very gratifying; members have responded to the call for papers in an enthusiastic manner, and every point has been brought to a focus, to the end that nothing has been left undone or overlooked that will add to the comfort, pleasure, and profit of the members and their friends.

This program is good from beginning to end, and no part of it can be cut or missed without corresponding loss. The session will be short and active, and all should arrange to come early and stay to the end.

Keeping pace with the scientific program, the social program for entertainment and amusement has developed very satisfactorily; and while the social features will be largely in

evidence, they will not be allowed in any way to interfere with the serious and scientific works of the Institute.

On Tuesday night the local club will entertain the Institute first with an informal reception on the pier immediately following the opening session, and will be followed by a smoker at the Rudolf Grotto ; on Wednesday evening the Alumni Association of the New York Homœopathic Medical College will give an entertainment to which the ladies will be invited ; this will be held at the Hotel Dennis. On Thursday evening the Germantown Medical Society will give a smoker at the Empire Theatre. On Friday the Alumni Association of Hahnemann Medical College, of Philadelphia, will entertain the Institute at the Islesworth ; and on Saturday evening a banquet will be tendered the Institute by the local club, to which the ladies will be invited.

The Ladies' Homœopathic Club of Atlantic City have prepared a pleasant program of teas, receptions, and excursions for the lady visitors.

The several sessions of the Institute will be held upon the new steel pier, situated at the foot of Virginia Avenue ; the meeting room will be delightfully cool and pleasant, as has often been stated by those visiting the pier.

Applications for membership keep coming in, but they would come in more rapidly if the members all over the country would keep beckoning their friends towards the Institute. Much work must still be done in this direction before the twentieth of June ; a strong effort is being made, but we need more workers in the field. Sometimes it only requires a word to turn one to the right or to the left ; that word said by a member may bring a new member in.

Do not forget the date of the meeting, June 20 to 24 ; do not forget it will be only a five days' session ; do not forget to come early, and do not leave until it is over ; do not forget the place, *Atlantic City, N. J.*

Yours very truly,

A. M. BAILY,
Chairman Local Committee.

NEW YORK CITY, April 28, 1899.

DR. JOHN L. COFFIN, *Editor Medical Gazette, Boston, Mass.*

Dear Doctor, — Although many reminders of the Atlantic City meeting of the American Institute of Homœopathy, on June 20, 1899, have already appeared in the various journals, it may not be amiss to point out briefly some of the peculiar and singular advantages of this year's assembly.

First. The place selected, Atlantic City, N. J., is ideal ; perhaps no other watering place or summer resort offers such extensive and excellent hotel accommodations, at prices that may be adjusted to suit all. Some forty or more hotels are ready to accommodate the members of the Institute, and they have made notable reductions in their prices. The halls for the meetings, both general and sectional, are all that can be desired ; and the freedom from the vexatious noise and hot winds of the city will be more appreciated when listening to the sounds of the surf upon the beach, and enjoying the cool ocean breezes.

Second. The change of the plan, while it provides for a shorter session, rather adds to than detracts from the value of the purely scientific side of the meeting. Each session will have one general meeting before the entire Institute, and papers of general interest will be read and thoroughly discussed. Sectional meetings for each session have also been provided for. For all these meetings, both general and sectional, a definite and clear-cut program has been arranged. The papers to be read will be announced in the regular order, and the names of those chosen to discuss the papers will follow. Time enough will be allowed to allow others besides those on the regular program to take part in the discussions. It is believed these arrangements, enabling a larger amount of work to be done in a given time, will prove eminently satisfactory ; and the General Secretary may add that the chairmen of all the sessions have done everything in their power to perfect this plan.

Third. Quite aside from the scientific interest of the Institute, but allied to it, is the social side. The plans of the committee, already familiar to your readers, need not be re-

capitulated here. Suffice it to say that the members present will be made happy in more ways than it is possible for them to imagine. It may also be added that there will be reunions and celebrations by many clubs and organizations, and many old acquaintanceships and friendships will be revived.

Fourth. Besides all these things, the railroad fare is certain to be at a reduced rate of one and one third for the round trip. There will be the largest attendance at this meeting, in all probability, of any meeting held by the Institute for years. Atlantic City is a better place to rest and enjoy oneself thoroughly than almost any other spot that might have been selected.

To all these very good reasons why every homœopathic physician should attend the Atlantic City meeting, let me add the most excellent reason of all, and that is, that the American Institute of Homœopathy, our national organization, not only desires but is entitled to command the presence and support of every homœopathic physician in the United States. We all know what the Institute has done as a national body. We know that without it our rights, privileges, and power would have been greatly curtailed. We know that it is not only a bulwark and safeguard against the assaults of our enemies, but it unites our own force into a home genius working core. Besides all this, it has encouraged and built up our schools and colleges, has fostered scientific research, has exhibited the greatest tolerance in matters of opinion, and has been a college for the education and development of leaders in a school. Because of all these things, it seems to the General Secretary that he may encroach once more upon your space and upon the patience of your readers, even if most of what he says has been said before. Let us from this year, 1899, resolve that we will attend the Atlantic City meetings of the Institute, and that we will give this grand old national organization such a forward impetus that we will begin the work in the new century with irresistible force and strength. I am,

Yours fraternally,

E. H. PORTER.

AMERICAN INSTITUTE OF HOMŒOPATHY.**NOTICE !**

A reduction of fare of one and one third for the round trip has been granted by the Trunk Line Association for those attending the meeting of the Institute at Atlantic City, N. J., in June, on the certificate plan. Tickets will be on sale from June 15 to 21 inclusive. Full fare must be paid for the going ticket, and a certificate — which is prepared by the railroads for the purpose — is given to the purchaser. These certificates are not kept at all local stations, but if not, the agent will sell a ticket to the nearest station where they are kept, and the through ticket and certificate procured there. **BE SURE TO GET THE CERTIFICATE**, for without it, properly signed and viséed, the reduction on the return trip cannot be taken advantage of.

As soon as the place of meeting is reached the certificates should be handed to the Chairman of the Transportation Committee, who will sign them and have them viséed by the Special Agent, and they will then be ready for use when the time comes to return home. The limit for the return expires on June 28.

No refund of fare will be made on account of any person failing to obtain a certificate.

This reduction applies to the meeting of the O. O. & L. Society, which meets at the Hotel Dennis, Atlantic City, N. J., June 19-24 ; but ask for tickets to the meeting of the Institute, as that is the name known to the railroads.

Fraternally yours,

J. B. GARRISON, M.D.,
Chairman Transportation Committee.

To the Members of the Homœopathic Medical Profession of the United States : —

The Commission appointed at the last Medical Congress in London, for the restoration of Hahnemann's Tomb, are actively at work. All who have subscribed to the fund should send in their unpaid subscriptions at once.

Any members of the profession or laity desiring to con-

tribute anything further towards this restoration of Hahne-
mann's Tomb in Pere La Chaise Cemetery, at Paris, France,
should forward the amount at once, either to me, as the
American representative, or to Dr. François Cartier, the
Secretary, at 18 Rue Vignon, Paris. The Commission has
thus far collected about fifteen thousand francs, which will
be utilized to the best advantage.

Thanking all who have contributed, and trusting the work
of the Commission will be acceptable to the homœopathic
profession of the world, I am,

Fraternally yours,

DR. BUSHROD W. JAMES,

American Representative of the Commission.

N. E. cor. 18th and Green Streets,

Philadelphia, Pa.

May, 1899.

On June 20 the annual meeting of the American Insti-
tute of Homœopathy will be held in Atlantic City, N. J.;
and as the time for the meeting approaches, indications seem
to be growing stronger and stronger that this will be one of
the largest, if not the largest, meetings in the history of the
Institute. Arrangements are being rapidly pushed forward
by the officers and the local committee for the comfort and
pleasure of the members and their friends.

Hotel accommodations have been secured at rates from
\$1.50 to \$5.00 per day; and there is not a hotel on the list
that cannot be recommended by the local committee. In
Atlantic City there are over six hundred hotels and boarding
houses; forty of these have been selected, and these will
entertain at the following rates:—

Brighton, \$4.00 to \$5.00 per day.

St. Charles, Windsor, \$3.50 to \$5.00 per day.

Rudolf, Shelburne, Chalfonte, Dennis, Haddon Hall, Luray,
Iroquois, \$3.00 to \$5.00 per day.

Seaside, Senate, \$3.00 per day.

Islesworth, Sandhurst, Wiltshire, \$2.50 to \$4.00 per day.

Galen Hall Sanatorium, \$3.00 to \$3.50 per day.

Pennhurst, Waverly, Grand Atlantic, Morton, Irvington, Glasslyn, Holmeshurst, \$2.50 to \$3.50 per day.

Berkeley, Kenilworth, De Ville, Little Brighton, Lelande, Edison, Strand, New England, Runnymede, \$2.50 to \$3.00 per day.

Kuehnle, \$2.50 per day.

Revere, Canfield, Ponce de Leon, Richmond, \$2.00 to \$2.50 per day.

Stickney, Chester Inn, \$2.00 per day.

La Belle Inn, Norwood, \$1.50 to \$2.50 per day.

These hotels will accommodate over 15,000 guests, therefore there will be no lack of room; but it will be well for those who are making up parties to secure their accommodations early, if they desire their parties to have rooms together or on the same floor of any one hotel. A number of parties have already secured their rooms.

The meetings of the Institute will be held in the large Casino Hall and Reading Rooms of the new steel pier. These rooms are over the water, and will be delightfully cool and pleasant. Headquarters of the Institute will also be on the pier. This pier is situated in the centre of the city, and only a few minutes' walk from any of the hotels selected for the accommodation of the members.

The program for the meeting will be one of the finest it has ever been the good fortune of the Institute to have, and the local committee has endeavored to make the social side of the program as pleasing as the scientific. The ladies will be looked after by the local ladies' club; and altogether a very enjoyable time is promised.

There has been a strong effort made to secure a large number of new members at this meeting, and this effort is meeting with success; the indications are that this year there will be a larger number than usual, and they will be from all parts of the country. A large number are expected from Canada. The Hahnemann Monument Fund is also receiving a good share of attention, and a number of subscriptions have been secured and some promised. It is earnestly hoped that in 1900 the Institute may go to Wash-

ington and dedicate this monument, but it all depends upon the effort of the individual members. Subscriptions are not confined to the members of the Institute; they will be gladly received from any physician or layman.

The exhibit room will be in the same building that the meetings will be held in; this will be handy for the members and pleasing to the exhibitors. The exhibit promises to be specially fine.

To all who attend this meeting a most hearty welcome will be given by the Local Club, the hotel men, and the citizens of Atlantic City; and these promise that no effort will be spared to make the five days of the meeting very pleasant.

A. M. BAILY,
Chairman Local Committee.

New England Medical Gazette :—

The ninth annual meeting of the National Association of Homœopathic Medical Examiners will be held at Atlantic City, N. J., on Monday afternoon, June 19, 1899.

Members and ex-members of State medical examining boards are urgently requested to make special effort to attend this meeting of the association.

H. M. PAINE,
Secretary.

May 8, 1899.

REVIEWS AND NOTICES OF BOOKS.

CHEMISTRY : GENERAL, MEDICAL, AND PHARMACEUTICAL, INCLUDING THE CHEMISTRY OF THE UNITED STATES PHARMACOPŒIA. By John Attfield, F. R. S. Philadelphia and New York : Lea Brothers & Co. 1899. pp. 784. Price, cloth, \$2.50 net.

The reduction in price of this, the sixteenth American edition of Attfield's Chemistry shows no corresponding reduction in the quality of the work. The present issue is as painstaking and accurate in its character as its predecessors, and covers a large and important field of scientific labor.

It has been thoroughly revised to accord with the last edition of the United States Pharmacopœia, thus making it an authoritative and

practical manual. Though primarily intended to teach and illustrate the close relationship existing between chemistry, medicine, and pharmacy, it does not disregard the need for a thorough understanding of the principles of chemistry *per se*, since without such an understanding only a disconnected and more or less superficial and unavailable knowledge would be the disappointing result.

Changes, additions, and elisions have been made in bringing the work up to date. The criticism that most readily suggests itself is that the subject matter is almost too compact and condensed, though perhaps it must necessarily be so in a volume which must be kept within the limits of a text-book, and which aims to cover a very great deal of ground.

The chemical notation and nomenclature are in accordance with modern views, the nomenclature being greatly simplified. The metric system of weights and measures is alone used in the sections on quantitative analysis. Questions and exercises are appended to each subject to facilitate testing the learner's progress. An unusually full and complete index affords ready reference to any desired topic.

THE PORCELAIN PAINTER'S SON: A FANTASY. Edited, with a Foreword, by Samuel Arthur Jones, M.D. Philadelphia: Boericke & Tafel. 1898. pp. 126. Price, \$1.00.

Although there is surprisingly little in this account of Hahnemann's life to justify the subtitle, "A Fantasy," this relation of the events of his early and later years will at least prove instructive and perhaps even mildly entertaining reading to the profession in some idle hour.

An appendix which, after the first announcement of its title, "Under Which King, Bezonian?" drags its wordy length beneath page headings of "The Porcelain Painter's Son," is a curious harangue chiefly composed of slangy invectives and mixed metaphors. It can hardly be considered seriously.

A TEXT-BOOK ON PRACTICAL OBSTETRICS. By Egbert H. Grandin, M.D., with the collaboration of George W. Jarman, M.D. Second edition, revised and enlarged. Illustrated with 64 full-page photographic plates and 86 illustrations in the text. Philadelphia: The F. A. Davis Company. 1899. pp. xiv, 461. Price, cloth, \$4.00 net; sheep, \$4.75 net.

Instruction in obstetrics grows more practical and less theoretical every year. As instructors present fewer theories, so should the

writers of text-books, especially when writing of the art of midwifery. Drs. Grandin and Jarman evidently hold this belief. Their book will continue, therefore, to be found a useful assistant in imparting a practical working knowledge of obstetrics. It will supplement clinical instruction.

It omits any extended reference to anatomy, physiology, embryology, and pathology, the authors rightly taking it for granted that properly prepared students will already possess an acquaintance with these branches.

The work is divided into four parts: Part I, Pregnancy, treats of diagnosis, differential diagnosis, duration, and hygiene of pregnancy, diagnosis of the presentation and of the position of the foetus. Part II, Labor, includes mechanism of labor, its clinical course, the management of normal and abnormal labor, care of the newborn infant. Part III, The Puerperal State, has two chapters on the normal and abnormal puerperium respectively.

Fully two hundred pages are given up to Obstetric Surgery, which constitutes Part IV. Such important subjects as artificial abortion, etc., forceps, version, symphysiotomy, Cæsarean section, embryotomy, ectopic gestation, and kindred topics are considered conscientiously, intelligently, and sufficiently at length. This portion of the book is particularly well illustrated, as is also Part II, full-page plates being freely used. We miss in this work numerous time-honored cuts of curious monstrosities, and much approve their absence. We could wish that more space had been devoted to the normal puerperium and to the hygiene of pregnancy, subjects upon which much stress can always be laid to great advantage. The book on the whole, however, is up to date, and bears marks of careful revision.

A TEXT-BOOK OF MECHANO-THERAPY (MASSAGE AND MEDICAL GYMNASTICS). By Axel V. Grafstrom, B.Sc., M.D. With 11 pen-and-ink sketches by the Author. Philadelphia: W. B. Saunders. 1899. pp. 139. Price, \$1.00 net.

It is almost a pity that the announcement should appear on the title page that this book has been prepared especially for the use of medical students and trained nurses, for although they cannot fail to profit by it, neither can the general practitioner. In fact, it is especially instructive reading for the profession, and contains many good and suggestive points whose value will be quickly recognized.

A more frequent use of massage would undoubtedly benefit many cases which every physician numbers on his list as intractable ones.

The kindred subject of medical gymnastics is also so written up as to give the reader new ideas regarding the availability of such exercises as auxiliary treatment. The simple and direct language of this little treatise renders it not less but more serviceable. A wise selection of appropriate cases, familiarity with the application of the principles of massage and gymnastics, and the gaining of the patient's confidence are of course necessary factors to the obtaining of satisfactory results.

A TEXT-BOOK OF MATERIA MEDICA AND THERAPEUTICS OF RARE HOMŒOPATHIC REMEDIES. By Oscar Hansen, M.D., Corresponding Member of the British Homœopathic Society and of the American Institute of Homœopathy. London: The Homœopathic Publishing Company. 1899. pp. 121. Price, 4s. net.

Much in little may well be the estimate of this volume. It numbers but one hundred and twenty-one pages, but these represent a great deal of patient, laborious work. We wish its results might have been set forth somewhat more in detail; for though a large number of little known and valuable remedies are given a place, the notice of them in many instances is too brief and sketchy to afford as much data as is desirable and often essential for their proper application. The book is, however, a good and timely one, and we are indebted to Dr. Hansen for his disinterested efforts to call attention to the real resources of our *materia medica* in a volume which actually, as well as avowedly, will serve as a supplement to every greater work on the subject.

A MANUAL OF VENEREAL DISEASES. By James R. Hayden, M.D., Chief of Clinic and Instructor in Venereal and Genito-Urinary Diseases at Columbia University, New York, etc. - With 54 illustrations. New York and Philadelphia: Lea Brothers & Co. 1898. pp. 304. Price, \$1.50 net.

A good working knowledge of the three venereal diseases, Gonorrhœa and its Complications, Chancroid, and Syphilis, is afforded by this little book. The history and statistics of these affections have been omitted purposely. The treatment advocated is along the line of that generally accepted as the best, the author advising conservative and approved methods, rather than more or less attractive innovations of doubtful value.

He also shows good sense in much of the advice he gives, such, for instance, as deprecating the use of cauterization in the majority

of cases of chancroid if the sore be kept surgically clean ; and again, in urging the merits of gradual dilatation in urethral stricture. He wisely counsels the avoidance of haste and lack of care in all urethral manipulations.

A chapter on the care and application of urethral instruments is new to this work, and adds to its serviceableness. The book is well indexed and neatly bound.

GLEANINGS AND TRANSLATIONS.

BERLIN SEWAGE FARMING. — The various sewage farms surrounding Berlin have under irrigation so far about 13,000 acres. The city is, however, acquiring more land for this purpose as funds become available, and for years to come expects an annual addition to the irrigated system. The staple crops are summer and winter rape, mustard, hemp, winter and summer wheat, winter and summer rye, oats, Indian corn, barley, buckwheat, peas, beans, clover, grasses, potatoes, beets, cabbage, chicory, and turnips.

Berlin is in the centre of a vast sandy plain, diversified by morass and swamp. The dreariest stretches of sandy Long Island are picturesque, if not luxuriant, in comparison with the country about the German capital. Yet on this soil are now being raised crops that would astonish an Iowa State fair. On some fields seven crops of grass had been cut in one year, off one piece of land, two acres having yielded alone twenty-five tons. — *Dr. E. C. Price, Baltimore, in American Medical Journal.*

CARDIAC PALPITATION. — Cardiac palpitation is easily controlled, in the majority of cases, by cold over the spine, applied from the fourth cervical to the third lumbar vertebra in anemic people or in those run down from overwork, anxiety, or the abuse of tea, coffee, tobacco, or alcohol. In palpitation, with tendency of blood to the head, with cold lower extremities, the spinal ice-bag from the fourth dorsal to the third lumbar vertebra, once or twice a day for forty minutes, will do great good, care being taken, however, to move the bowels regularly. — *Dr. Kinneer, in the Medical Record.*

THE SIXTH INTERNATIONAL OTOLOGICAL CONGRESS will be held in London, on August 8, 9, 10, 11, and 12, 1899. President: Dr. Urban Pritchard, professor of otology at King's College, London. The meetings will, by permission, be held at the Examination Hall of the Royal College of Physicians and Surgeons, Victoria Embankment. The subject chosen for special discussion is "Indications for Opening the Mastoid in Chronic Suppurative Otitis Media." A committee has been formed, the Treasurer being Mr. A. E. Cumberbatch, 80 Portland Place, London, W.; and the Honorable Secretary, Mr. Cresswell Baber, 46 Brunswick Square, Brighton. The last Congress met in Florence, under the presidency of Dr. Grazzi.

FIRST WOMAN OFFICER IN THE UNITED STATES ARMY. — Dr. Anita Newcomb, wife of Prof. W. J. McGee, head of the Bureau of Ethnology at Washington, and daughter of Prof. Simon Newcomb, former chief of the Naval Observatory, is the first woman ever appointed as an officer of the United States army. She is entitled to the uniform of a second lieutenant. She has the entire charge of the examination and assignment to duty of all the female nurses of the United States army. She was born in Washington thirty years ago, and is a graduate of an Italian college and an English university. — *Exchange*.

REPRINTS AND MONOGRAPHS RECEIVED.

The Absolute and Permanent Cure of Tonsillitis. By Edwin Pynchon, M.D. Reprinted from the *Alkaloidal Clinic*.

The Bête Noir of the Vocalist. By Edwin Pynchon, M.D. Reprinted from the *Alkaloidal Clinic*.

The Progress of Rhino-Laryngology. By W. Scheppegrell, A.M., M.D. Reprinted from the *Laryngoscope*.

Prostatectomy. By Parker Syms, M.D. Reprinted from *Annals of Surgery*.

Keratometry and Astigmatism. By David W. Wells, M.D. Reprinted from the *Homœopathic Eye, Ear, and Throat Journal*.

Appendicitis. By H. O. Walker, M.D. Reprinted from the *Physician and Surgeon*.

Pericardial Diseases, Illustrated Clinically. By Thomas E. Satterthwaite, M.D. Reprinted from the *Medical Times*.

Corpulence and the Fatty Heart. By Thomas E. Satterthwaite, M.D. Reprinted from the *Post-Graduate*.

PERSONAL AND NEWS ITEMS.

A HOMŒOPATHIC physician is wanted at Fitzwilliam, N. H. Address inquiries to Mr. or Mrs. A. F. Wilson, Fitzwilliam Depot, N. H.

DR. E. W. FOSTER has removed his office from 2 Commonwealth Avenue to 214 Boylston Street. Beside ordinary professional dentistry, Dr. Foster treats the diseases to which the teeth are subject by homœopathic remedies.

DURING June, July, August, and September, Dr. Coffin's office hours will be from 10 to 12.30 A.M., instead of from 1.30 to 4 P.M.

DURING the months of June, July, and August, Dr. George B. Rice will change his office hours on Wednesdays and Saturdays, from 1.30 to 3.30 P.M., to from 10 to 12 A.M.

THE Alumni of the Jefferson Medical College, Philadelphia, are requested to send their addresses at once to the "Editors of the *Jeffersonian*," Jefferson Medical College, Philadelphia, Pa.

CHARLES W. STILES, M.D., has located at 45 North Beacon Street, Allston, Mass.

DR. G. H. TALBOT, of Newtonville, will spend the spring and summer in the ophthalmic hospitals of London and Edinburgh. During his absence Dr. H. E. Spaulding has charge of his practice.

DR. CARROL C. BURPEE, of Malden, is spending two months in the New York Post-Graduate and Polyclinic. He is giving special attention to diseases of children and surgery.

PHYSICIAN'S PRACTICE. — A physician located in a small town in Maine, having accepted a hospital position, offers for sale, at a bargain, his horse, office furniture, medicines, etc. An excellent opportunity for a young man to settle in a desirable locality. Address C. W. B., 417 Westminster Street, Providence, R. I.

INVALID'S TRICYCLE FOR SALE. — A very fine English tricycle, propels by hand and foot power (or either alone). Has ball bearings, rubber tires, brake, steering lever operated by the body, in perfect order. Cost \$150. Will sell for \$75. Address Otis Clapp & Son, Providence, R. I.

THE Homœopathic Medical Examining Board of Pennsylvania will meet on June 20, 21, 22, and 23, 1899, in the Church of New Jerusalem, Twenty-second and Chestnut Streets, Philadelphia.

The members of the board are Dr. Augustus Korndoerfer, *President*, Philadelphia; Dr. Joseph C. Guernsey, *Secretary*, 1923 Chestnut Street, Philadelphia; Dr. Isaac G. Smedley, Philadelphia; Dr. John F. Cooper, Pittsburg; Dr. John J. Detwiller, Easton; Dr. Edward Cranch, Erie; Dr. Lewis H. Willard, Allegheny.

Order of Examinations. — Anatomy, Tuesday, June 20, at 2 P.M. Physiology and pathology, Wednesday, June 21, at 9 A.M. Therapeutics and Practice, Wednesday, June 21, at 2 P.M. Surgery, Thursday, June 22, at 9 A.M. Obstetrics, Thursday, June 22, at 2 P.M. Chemistry and Materia Medica, Friday, June 23, at 9 A.M. Diagnosis and Hygiene, Friday, June 23, at 2 P.M.

FOR SALE. — About \$75 worth of medical books from physician's library and \$25 worth of instruments and supplies. \$15 will buy the lot. Apply to Mr. Knight, with Otis Clapp & Son, 10 Park Square, Boston.

THE price of "Shannon's Repertory of the Tissue Remedies" has been reduced to \$3.00, bringing this valuable work within the reach of all. It is bound in sheep, 544 pages, and should be in the possession of every physician who uses the tissue remedies.

THE NEW ENGLAND MEDICAL GAZETTE

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JULY, 1899.

Vol. XXXIV.

COMMUNICATIONS.

SHOULD PHYSICIANS USE THERAPEUTIC SUGGESTION?

BY CHARLES J. DOUGLASS, M.D.

It is the business of a well-equipped physician to be acquainted, so far as possible, with every remedy and with every force in nature that tends to the relief of bodily suffering and the cure of disease. If an untutored Indian "pow-wow" has hit upon a remedy that is useful in the cure of the sick, it is our duty to utilize it. If an ignorant quack has stumbled on a method of treatment that is, in certain cases, more effective than older methods, it is our duty to investigate it, and after sifting the wheat from the chaff, to use it where it is indicated. Our patients have a right to demand this much of us. It is immaterial whether or not the method was found in our college curriculum or in our text-books. It is immaterial where it originated. The only question that an intelligent and conscientious physician will ask is: "Will it benefit my patient?" No physician is worthy the name who will allow preconceived ideas and prejudices to interfere with his investigation and use of unusual therapeutic means that have proven beneficial, even though they have been employed heretofore mainly by the laity.

It would be superfluous to recite these commonplace truisms were it not for the attitude of some physicians toward that branch of therapeutics which the eminent physicians of the school of Nancy have denominated "suggestion," and

which has been variously called mental healing, faith cure, Christian science, etc. Here is a curative agent of proven value, and yet the medical profession in this country, for the most part, has ignored it.

It is well known that thousands of patients every year are drifting out of the hands of educated physicians, to be treated by uneducated practitioners of some form of mental healing. The drift in that direction is of such size and persistence that it is unreasonable to suppose that it is wholly unmerited. The movement would have long since died had patients not received substantial and lasting benefits. But instead of dying, it has steadily gained in volume and momentum. An office practice that is, perhaps, second to none in New York City is that of a man who makes no pretence to a medical education, and whose only method of treatment is suggestion, or, as he would call it, mental healing. This enormous practice, largely among the wealth and culture of New York, was not obtained nor held all these years by advertising nor by any unprofessional methods. It is evident that if this man does not cure people, he comes so near to it as to satisfy his patients, and to satisfy them better than the average medical practitioner. No other hypothesis can explain a practice of such extraordinary size, covering a period of several years, and steadily increasing as the years go by. And this is not an exceptional case. Examples of this character can be found in most of the cities and large towns.

A therapeutic agent of such utility is naturally and rightfully in demand. If the regular profession refuses to furnish it, then patients will get it from irregular and ignorant practitioners. This is unfortunate for the patients, as many serious and some fatal cases have demonstrated. Correct diagnosis being, of course, essential to proper treatment, an uneducated "healer" who does not know what he is treating is liable to make some serious mistakes, and in some instances treat cases that cannot possibly be benefited by suggestion, thus neglecting effective remedies. But this certainly is no reason why therapeutic suggestion should not be employed, in properly selected cases, by physicians who

are able to distinguish between conditions in which it is indicated and those in which it is not.

There should be reputable physicians in every city who make a specialty of this form of treatment, to whom general practitioners may refer suitable cases. Such a specialty would be as important to the welfare of patients and to the reputation of our profession as any that is now practised. It is not beneath the "dignity" of a physician to employ unusual means that have proven efficacious. Dignity is nothing. Curing the patient is everything.

The physicians of the school of Nancy have employed suggestion mainly in connection with hypnotism. For a full account of their methods and results see the learned works of Liebault, Bernheim, and Moll, all of which are now to be found, I think, in English translations. It has been conclusively shown, however, that in most cases therapeutic suggestion may be successfully employed without hypnosis. The Christian scientists use suggestion in this way, although they do not appear to have the faintest conception of the laws involved. The strange and incoherent theories of this and many other sects of "healers" have, of course, no essential relation to the cures performed.

My own experience has been that I could produce the most satisfactory results without the use of hypnotism. In most cases my patients experience more or less drowsiness while in the chair under treatment, and occasionally they fall into a natural sleep for a few minutes. But these phenomena are not found in all cases, and do not seem to be necessary to the attainment of the best results. Beginning my investigation and experiments several years ago with considerable caution and skepticism, I have, by repeated successes, become at last thoroughly convinced that, in properly selected cases, suggestion is as superior to drugs as the drugs of to-day are superior to the vile concoctions of two centuries ago.

The exact scope and limitations of suggestive therapeutics have not yet been definitely determined. Increased experience is demonstrating to me that it has a wider field of usefulness than I at first supposed. I have found it especially

valuable in functional derangements. Melancholia, nervous debility, headache, incipient insanity, dyspepsia, constipation, insomnia, have completely disappeared under suggestive treatment, without the use of other remedies. Strange as it may seem, constipation, when not caused by mechanical obstruction, is one of the ailments that most readily yield to mental treatment. I recently treated a lady with suggestion who declared that for twenty-six years she had scarcely had half a dozen movements of the bowels without the use of cathartics or enemas. She is now having natural movements daily, without assistance.

But my purpose in this paper is not to recount cases, but rather to urge upon the profession the importance of a thorough study and utilization of therapeutic suggestion. In the place of *a priori* theories and speculations, let us have a scientific and cold-blooded search for facts. This work belongs to the medical man, and to him only. Will he continue to neglect it?

PRACTICAL POINTS IN THE PRACTICE OF MIDWIFERY.

BY GEORGE R. SOUTHWICK.

[Read before the Massachusetts Homœopathic Medical Society.]

"There is nothing new under the sun," and the writer asks your kind indulgence if the few suggestions prove to be old saws, as he thinks they still "cut ice."

Version under some circumstances is not only a difficult operation, but may be attended by great danger of rupture of the uterus. This is especially true of neglected cases where the presenting part is wedged tightly in the brim, the cervical zone thinned out, and the contraction ring high in the hypogastrium. The Trendelenburg position is of great value in such cases, combined with suspension of the legs. Dangerous cases may be converted by this procedure into comparatively easy ones for performing version.

A difficult breech extraction has made many an anxious operator perspire. It is a question as to which man is the most valuable, the operator extracting the child or a trained

assistant who knows how and when to make vigorous suprapubic pressure on the head as it passes through the brim of the pelvis. It is the rule of some of the most expert operators it has been my good fortune to know, to send at once, in every case of breech presentation, for the best assistant obtainable. If such a case is complicated further by a minor contraction of the pelvis, Walcher's method of suspension of the legs will add about half an inch to the conjugate diameter of the pelvic brim.

The secret of success in applying forceps is to use them at the right time, apply the blades over the sides of the head, and in delivery to imitate the mechanism of labor in rotation as well as in flexion and extension of the head. The natural tendency is to operate too early rather than too late.

A laceration of the perineum often means a laceration of the vagina. Early suturing is desirable, but may be deferred several hours if the patient is much exhausted, or if better light can be obtained to place the vaginal sutures accurately, which is very important to obtain the best results. Poor union may be due to too many sutures which strangulate the vessels carrying nutrition to the wound, or to tight sutures which cut out. Good light and a free exposure of the wound are necessary to ascertain the entire circumference of the laceration.

Sharp pains in the hypogastric region in early pregnancy are to be regarded as suspicious of ruptured tubal pregnancy, and the latter may closely simulate an acute appendicitis.

Exclampsia is almost sure to be preceded by a full, almost wiry pulse. It has more significance even than the albuminuric retinitis which may be detected by the oculist before the family physician or his patient suspect the approach of such a serious complication. The writer has found *veratrum viride* in physiological doses a most valuable remedy for such a pulse.

Valvular diseases of the heart are especially prone to develop into ulcerative endocarditis after labor, if special care is not taken to conduct labor and the puerperium under the most strict observation of asepsis. The septic germs lodge readily on the roughened valves, and thus infect the heart.

If the uterus at full term is very erect, there is good reason for suspecting either a contraction of the brim or disproportion between the child in the position it occupies and the pelvis. If there is room for the closed fist of the average size of a man's hand to rotate around in the brim, there is also room to deliver an average-sized child through it.

There are few things which cause more anxiety than a high temperature in the puerperal period, but not every high temperature is septic. The habit of taking the temperature and pulse both night and morning in every case, no matter how normal, for the first ten days of the puerperium is invaluable for diagnosis and prognosis if the temperature goes up. If the rise of temperature first occurs after the ninth day, puerperal sepsis is excluded, except the remote possibility of a septic clot retained in utero. A falling evening temperature, that is, a temperature lower on successive evenings, is of very favorable import, though the actual temperature is high. A steadily rising pulse in septic infection points in an unfavorable direction. Hysteria, or some excited condition of the nervous system, is liable to cause a sudden and high rise of both temperature and pulse, but both recede promptly within twelve hours, and remain down.

Malaria may simulate sepsis closely, and the temperature either show fairly regular intermissions at first, or there may be a comparatively continuous high temperature for a few days, and then the intermissions occur. The examination of the blood with modern methods of staining shows the presence of the malarial plasmodium, and the effect of quinine is a further proof of the cause of the temperature.

There is no one thing which will make the practitioner rest more easy about his puerperal patients than strict asepsis during and immediately after labor.

The same care given then which the surgeon gives to his cases of laparotomy will be equally well rewarded. Merely dipping the examining fingers in an antiseptic solution, or even thorough washing of the hands, does not constitute a safe antiseptic treatment of the case.

The treatment of incomplete abortion is an unpleasant

chapter in the professional work of many physicians. The early and complete emptying of the uterine cavity, especially in criminal cases, will save many an uneasy quarter of an hour. The finger is the best instrument, but often must be supplemented by the curette. Thorough douching afterwards, followed by the peroxide of hydrogen and a generous wick of iodoform gauze, is a very effectual plan of treatment.

AN OPERATION FOR HEMORRHOIDS.

BY NATHANIEL W. EMERSON, M.D., BOSTON, MASS.

*[Read before the Maine Homœopathic Medical Society at the Annual Meeting,
June 6 and 7, 1899.]*

It may be thought that courage is required on my part to expect you to listen to anything upon this well-worn subject, but the fact that such a variety of operations and opinions are still prevalent is proof that there is yet no common understanding of the subject, and that the last word has not by any means been said or written. One set of operators warmly upholds a certain operation for which another group has no use. A few years ago, largely owing to the strenuous advocacy of certain radical measures, extremely mutilating operations were in vogue. The Whitehead and Pratt operations were then probably more generally employed than will ever be the case again: while in certain rare conditions they may always have a place, they certainly have been demonstrated not to be of general application. The unfortunate results following the indiscriminate employment of the Pratt operation will undoubtedly be object lessons for another generation, and these ill results have brought about a natural reaction. Possibly the clamp and cautery have been as much used as any one measure, and they are still strongly urged by many experienced operators. There is ever a widespread and, in my opinion, well-founded objection to their use, and in a great many cases it is impossible to employ them efficiently; the cases most favorable to their selection are those of single pediculated tumors, which can readily be included in the clamp at their base. They leave behind,

however, a surface which, while it is aseptic immediately after the use of the cautery, must, from the very nature of the surroundings, afterwards become septic and heal by granulation — two well-founded objections to any method. Treatment by injections offers no end of difficulties; the cure, if obtained, must rest upon the secondary process set up by the injection, and which, from the moment the needle is withdrawn, is beyond the operator's control. Even if the veins are obliterated, a mass of redundant tissue is left behind.

This article is written with the intention of bringing to notice a method which is of quite universal application, and which has been proven in a large number of cases to accomplish the desired end — that is, the permanent and radical cure of the hemorrhoids, without impairment in any way of the functions of the adjacent parts.

Unsatisfactory permanent results led to a critical analysis of all the factors entering into a case of hemorrhoids. The whole condition included in the term hemorrhoids is primarily dependent upon the dilatation and saculation of the hemorrhoidal veins; the latter become so dilated that not only is the tone of the vessel itself lost, but the vessel walls largely lose their normal character. The adjacent tissues participate in the hemorrhoidal state only so far as they are obliged in order to accommodate themselves to the changed condition, or because of the great irritation set up by the hemorrhoids. To illustrate what I mean, the muco-cutaneous membrane plays no active part in producing the hemorrhoid; it merely participates in the condition as it is established by being distended as far as necessary to accommodate itself to the underlying dilated vessels. Also the sphincter muscle becomes irritable, and is in a condition of spasm in a manner secondary to the hemorrhoids themselves. No matter what operation we might perform upon the sphincter alone, it would have no curative effect upon the hemorrhoidal vessels; and if we made a complete denudation of the covering membrane and did not disturb the underlying vessels, no improvement would follow. Hence it seemed to me that all operations

which extensively sacrificed the covering membrane were wrong in principle ; for, with the membrane and vessels completely destroyed, an area was left behind which must be covered, and yet the tissue which must necessarily be used for this purpose was unable to take on the function of nature's normal covering. In all operations which radically cure hemorrhoids the dilated vessels must be destroyed or obliterated. In the clamp and cautery operation much of the after benefit is due to the fact that the removal of the part included by the clamp gets rid of a portion of the veins, and also distorts and in part obliterates the vessels adjacent to the clamp and lying immediately beneath it. After trying all the operations suggested to the present time, I have gradually given up all of them in favor of the following.

After the patient is anæsthetized and the sphincter muscle is thoroughly dilated, the diseased parts are brought into view, and the exact method of procedure is selected with reference to the condition actually found. The most prominent mass of tumefaction is selected, and a suture of fine cat-gut inserted into the normal mucous membrane immediately above the apex of the incision which is to follow, and this is tied as a guide to subsequent proceedings. With scissors an elliptical area of muco-cutaneous membrane and underlying tissue is removed, the apex of the incision above being just below the suture already inserted, while the apex below is at, or on, the skin. The long diameter of the ellipse thus corresponds to the long diameter of the bowel. Through this incision the underlying hemorrhoidal vessels are freely excised down to the sphincter muscle, then upon either side this excision of vessels is continued through the incision, care being taken to go down to the sphincter, but not into it, and to thoroughly remove all distended vessels immediately beneath the covering membrane. This is facilitated, as one gets deeper laterally, by everting the covering membrane over the end of the finger, and no especial difficulty is experienced in accomplishing this. The hemorrhage is quite profuse, but in my experience has never been of more than passing importance. After this lateral undermining is thor-

oughly carried out over an area of about one third the circumference of the anus, the catgut suture tied in place is used to sew up the incision, care being taken to accurately coaptate the margins of the same. After this suture is in place, and before it is finally tied, with a large needle and a large catgut — of the size usually employed in cervix operations — a single suture is passed well within the anus in such a way that it completely surrounds the cavity which has been undermined beneath the membranous covering. Before this is tied, all blood which has oozed into the cavity is carefully expressed; and then this interrupted suture is snugly tied in place. The effect of this is to control the hemorrhage by stopping it, and also to prevent the dilatation of the artificially formed sac by oozing. If the hemorrhoids are confined, as sometimes happens, to one half the area of the anus, all of the sub-membranous dissection can be accomplished through one incision; if the hemorrhoids are in the form of pediculated tumors, the latter can be snipped away so closely at the base as to leave an elliptical opening, through which the adjacent tissues can be excised. This will require a continuous suture for each mass removed. If the hemorrhoids are diffuse in character and completely surround the anus, I have found three incisions at symmetrical parts of the anus sufficient to accomplish complete excision of the hemorrhoidal mass throughout the entire circumference. After these incisions are closed their long diameters are all parallel to each other and to the long axis of the bowel, and there are no contracting cicatrices to cause subsequent trouble. Some care and judgment are necessary in order to know how far to carry the excision externally upon the skin. If enough is not removed, after the healing takes place tabs of superfluous tissue may be left behind, to which some patients will object. A little attention at the time of operating will usually obviate this difficulty. It is no unusual thing to have union by first intention take place, and I have had these patients discharged, in favorable cases, in eight or nine days. The after suffering is usually confined to forty-eight hours, and is no more acute than after other operations for hemorrhoids. The relief has

always seemed to me to come more promptly than after other operations which I have attempted. It seems to be permanent in character, for, not to my knowledge, has any one of the cases operated upon by myself required a second operation. One of my earlier cases, operated upon seven years ago, I still have access to, and although it was a typically bad case, up to the present time there has been no rectal symptom of any kind. In many of the cases operated upon by this method it was difficult, if not impossible, within a short time after the operation to discover that any operation had taken place.

To summarize the benefits of this method : first, it can be readily performed ; second, there is a minimum loss of non-diseased tissue ; third, the pathological tissues are radically removed ; fourth, it is next to impossible for a recurrence to take place, since the hemorrhoidal tissue is so thoroughly removed ; fifth, union by first intention frequently takes place ; sixth, all cicatrices are in the long axis of the bowel, and are of such a character that a minimum amount of contraction takes place ; seventh, the cure is radical.

CONVULSIONS DUE TO DISTURBANCES LOCATED IN THE BRAIN AND SPINAL CORD.

BY FRED S. PIPER, M.D., LEXINGTON, MASS.

[*Read before the Boston Homœopathic Medical Society, June 1, 1899.*]

Convulsions are abnormal spasmodic movements of muscles, whereby the whole or a part of the body is affected. They may consist of alternate contractions and relaxations or a more or less continued rigidity, to which conditions the names of clonic and tonic are respectively applied. Clonic convulsions are spoken of as epileptiform, and as a rule originate in the cerebral cortex, while those of the rigid class originate in the motor tracts of the spinal cord. (H. 453.)

It is chiefly to this former class or clonic convulsions, so far as they arise from disturbances or the commoner diseases primarily affecting the brain and spinal cord, that I ask your attention.

Convulsions are not a disease, but a symptom, and as such they are a prominent feature in several diseases, and to the fond parent they are a most frightful and distressing manifestation. If the disease of which convulsions are a symptom is not of a serious type, the temperament and nervous status of the child are such that it makes the condition serious.

A convulsion is the result of a sudden explosion of nerve force or energy which, properly expended and controlled, would give rise to no abnormal manifestation.

It is like a thunderbolt or an explosion from a surcharged battery as compared with the carefully managed and utilized electric current.

The nervous system is more sensitive, reflexes more active, nervous phenomena more common, and inhibition of the will is less potent in children than in adults. (R. 724.)

Symptoms are less reliable as suggestive of lesions, unconsciousness and convulsions are more frequent, on account of this hypersensitiveness; and diseases of nervous types are said to dominate all others in childhood. (R. 594.)

Convulsions are so well known in appearance that description is scarcely necessary. They may be local or general. By some observers much importance is placed upon the clinched fist with thumb beneath the fingers.

Respiration may be greatly diminished or interrupted. The face may be congested, pale; or cyanosis, due to spasm of the glottis, may add to the unpleasant spectacle.

Convulsions coming on soon after birth are usually due to congenital disturbances or injuries during parturition, causing cerebral compression. Reflex convulsions are rare at this period. (F. 324.) Death may take place in the first convulsion, but this is rare. Occurring in the latter part of cerebral disease, convulsions are of more significance, while recurrence is almost always followed by dissolution. (S. 482.)

Strabismus and inactive pupils are always of bad import. (S. 482.) All convulsions of serious nature are followed by sleepiness or stupor. (S. 485.)

Hereditv seems to play a part in convulsions, at least giving temperamental predisposition. Bouchut mentions a

family of ten persons who all had convulsions in infancy. One of these ten married and had ten children, nine of whom had convulsions.

Further than these general hints in studying convulsions we must consider the diseases or morbid states giving origin to convulsions, and dwell briefly on the diagnosis of each, for much depends, both in prognosis and treatment, upon understanding the pathology so far as possible.

Exposure to the sun or high temperatures may cause cerebral hyperæmia and convulsions, and is naturally more common and serious in the large cities. Fatal cases are recorded, but with glonoine, aconite, and belladonna at our service, the prognosis ought to be more favorable than some old school writers advise. Convulsions due to anterior or polio-myelitis are so rare in children that consideration at this time is unnecessary. (Colby.)

There seems to be some existing relationship between rickets and convulsions, particularly what has been spoken of as internal convulsions or laryngo-spasms, even where cranio-tabes is not present. Laryngo-spasm appears to be purely a reflex neurosis, is usually without fever, and it is not confined to the rachitic. Rachitics are more prone to convulsions than healthy children, and yet organic brain changes are seldom found. (S. 131.)

By cerebro-spinal meningitis is meant an acute infectious disease characterized by lepto-meningitis of the brain and cord. (R. 692.)

It varies much in appearance and duration. It may be epidemic or sporadic, and is probably a germ disease, though apparently not contagious. It may occur as a primary disease or complicate some other disease, showing a noticeable affinity for pneumonia. The cerebral and spinal pia mater, the structure chiefly involved, may go on to serous or even purulent exudation; but where death results early in the disease there may be no macroscopic changes. There seems to be no difference between the sporadic and epidemic cases.

The symptoms are intense headache, fever, hyper-æsthesia of nearly all the special senses, with marked photophobia,

vomiting, convulsions, opisthotonos, strabismus-delirium, and coma.

Opisthotonos and sensitiveness along the spine help to distinguish this disease from cerebral meningitis, but in young infants fever and convulsions may be the only symptoms. (R. 695.)

Another disease productive of convulsions and of probable central origin, but at present but little understood, is hysteria. (R. 723.)

Inherited nervous temperament, irritating environment, and lack of discipline are predisposing factors. It is not confined to either sex or to any period of life, though among children it appears more commonly in later years. The diagnosis is not always easy. There may be paralysis, anæsthesia, and in children it may closely resemble serious spinal or joint disease.

The convulsions of hysteria are not serious as regards life, but they are extremely annoying. They usually follow emotional excitement, such as laughter or prolonged sobbing. Globus hystericus is usually present.

The movements seem purposive in character, and seldom result in bodily injury, like biting the tongue.

They do not completely destroy consciousness, and are not followed by sleep, as in epilepsy.

Meningitis is probably the cause of convulsions in a larger number of patients than any other cerebral disease. It may not produce as many convulsions as epilepsy, but it affects a greater number of patients.

As in the infectious cerebro-spinal meningitis, the pia mater is chiefly affected.

It is divided into tubercular and non-tubercular, and this fact shows a great prevalence of cerebral tuberculosis.

The non-tubercular may occur in the healthiest as well as in debilitated children. It is found at all ages, though it is comparatively rare during the first year of life. (R. 595.)

The existence of primary or idiopathic meningitis is doubted by some observers and asserted by others, while a great majority of all cases are secondary to traumatism or some

specific disease like scarlet fever, erysipelas, or sunstroke. (R. 596.)

Traumatism is the principal cause, and only a comparatively few cases are associated with the specific diseases.

In the supposed idiopathic non-tubercular form the chief differentiation to be made is from the tubercular. The leading features to be considered in the non-tubercular are suddenly developed headache in a child previously healthy, lack of tubercular family history or source of infection, lack of objective signs of tuberculosis and high fever (103° to 106° F.), extreme photophobia, early appearance of convulsions, rapid pulse (150 to 170) comparatively regular, rapid respiration comparatively regular (30 to 50), and duration two to eight days. (R. 612.)

In tubercular meningitis, the child usually shows some of the objective signs of tuberculosis before the cerebral symptoms appear. (S. 468.) Cerebral symptoms develop gradually compared with the non-tubercular.

The child becomes peevish and easily excited, dizzy, vomits usually without nausea, temperature a little above normal (99° to 101°).

Pulse and respiration are at first slightly quickened, but later become subnormal and more or less irregular.

Convulsions appear later and are less violent than in the non-tubercular. In the non-tubercular cases, the inflammation may go on to exudation and cerebral compression to cause strabismus, ptosis, bulging at the fontanelles in infancy, and loss of special senses, but these symptoms are found more commonly in the tubercular.

And now, lastly, we must consider a disease, the real pathology of which is but little known, but of which, more than any other, convulsion is a prominent manifestation. Epilepsy is probably an organic disease of the nervous system, affecting chiefly the cortical motor cells.

In the mildest types, *petit mal*, convulsions do not appear, but in *grande mal* the convulsions are usually very severe, and affect the whole body.

In a large number of cases epilepsy probably originates in early infancy. (R. 724.)

In place of the globus of hysteria, there is an aura present in most cases of epilepsy.

Professor Hare says that in syphilitic epilepsy aura is present in five cases out of six, and more commonly in post-hemiplegic than in idiopathic.

Epileptic children are liable to bursts of furor and uncontrollable violence. Convulsions may result from changes produced by cerebral hemorrhage, or a single convulsion may be associated with apoplexy, when the convulsion is usually Jacksonian. (H. 455)

One half of post-hemiplegic epilepsy occurs during the first two years (H. 456), but paralysis may occur in infancy and epilepsy be delayed till puberty.

An epileptic spasm may be the cause of cerebral hemorrhage. (H. 455.)

Osler found epilepsy to occur in twenty out of ninety-seven cases of hemiplegia in one series of cases collected, and in fifteen out of twenty-three in a second series.

Gaudard found it to follow in eleven out of eighty, and Wallenburg in sixty-six out of one hundred cases.

The shrill cry so characteristic of idiopathic epilepsy is often wanting, and the convulsions are frequently followed by paralysis in syphilitic epilepsy. Large doses of certain medicines employed, as cardiac sedatives, aconite, verat. vir., saba-dilla, and hydrocyanic acid, may cause convulsions closely simulating epilepsy. The chief distinguishing feature between epilepsy and hysteria is the character of the convulsive movements.

Hysteria is purposive, emotional, and the movements are chiefly aggravations of those of daily life, while epileptic convulsions appear at variance with accustomed movements, and are less guarded from doing bodily harm. (H. 466.)

In hysteria the convulsions may break into laughing or crying, while in epilepsy sleep usually succeeds a convulsion.

In hysterical manifestations, there is usually a little tremor of the upper eyelids, which is seldom found in the profounder disturbances, presenting convulsions and unconsciousness for consideration.

Several eminent physicians a few years ago believed and asserted that idiopathic epilepsy could be demonstrated to depend upon uræmia, but more recently less has been said in this regard.

As a general rule, any case presenting convulsions for consideration should be carefully studied, the family history investigated, habits of eating and drinking determined, and a definite diagnosis made if possible, for upon this the prognosis must largely rest, and is never flattering in convulsions due to diseases in the central nervous system.

In hysteria, however, the prognosis is better for the patient than for the relatives.

(References to authorities, and pages in each : R. = "Pediatrics," by Thomas M. Rotch, 1896 ; S. = "Diseases of Children," by J. Lewis Smith, 1886 ; F. = "Diseases of Children," by C. E. Fisher, 1896 ; H. = "Practical Diagnosis," by H. A. Hare, 1896.)

SURGICAL DISEASES OF THE FAUCIAL TONSILS.

BY T. M. STRONG, A.M., M.D.

[*Read before the Massachusetts Surgical and Gynecological Society, June, 1899.*]

We shall in this paper confine ourselves to those conditions which arise in the faucial tonsils, where surgical measures are essential to give the needed relief, leaving the anatomy and physiology of the tonsils to be discussed in some other place. We admit willingly that there are many subacute and chronic conditions of the tonsils which can be, and are, relieved safely, if not speedily, by internal medication ; and we assume therefore in this paper that all medical treatment has been tried without result, and the question is what to do next.

The conditions which meet all of us very frequently are those known as phlegmonous, interstitial, peritonsillar inflammation, or quinsy, which, as a rule, tend to suppuration. When the pointing of the abscess is unmistakable, prompt incision should follow as a matter of course, as in

other parts of the body. But you are puzzled very frequently to know whether suppuration exists or not, and where, for there is no local sign of the condition. The persistency of the inflammation and the marked distress of the patient alone point to some complication. Here the result of extensive clinical experience alone will help us, and that not infallibly. There is no question that a free puncture will often give relief, even if no pus follows immediately on the incision. The free incision is a relief in itself, and oftentimes within a few hours pus will be noted working its way through the opening, which has become the easiest point of exit. As a rule, the point of puncture will be on the arch, in the centre of a line from the uvula to a little below the upper portion of the tonsillar area, and about three quarters of an inch back from the edge. Recurring attacks of conditions similar to the above leave the tonsils in a chronic hypertrophied condition, to which we will refer later.

The upper angle of the tonsil, often hidden by the palatine folds, may contain one or more crypts, and to this "supratonsillar" fossa much attention has been given by recent writers on this subject. On account of its position, the discharge of normal secretion may be easily interfered with, and adhesion to the surrounding parts may make it a closed cavity and a centre of irritation or even suppuration. It is often the source of unsuspected trouble in many a case where there is complaint of distress in and about the tonsil, and for which the objective symptoms do not furnish a sufficient cause. Dr. D. R. Patterson (*Laryngoscope*, Vol. V, p. 15), after giving a very complete description of the parts, says: "On account of the position and formation of the crypts and lacunæ, the secretion from the upper follicles tends rather to discharge into the fossa than on the surface of the tonsil. We have consequently very frequent collections of plugs, which in turn become caseous, readily undergo decomposition, become evil smelling, and set up serious irritation." From this brief description we see that serious sequences of pathological changes may be established by the plugging up of this natural outlet, thus giving

rise to lacunar and peritonsillitis, septic pharyngitis, or hospital sore throat, and possibly phlegmonous inflammation of the deep cervical tissues. It has been suggested that through this channel the tubercle bacilli find their way into the glands of the neck. Some authors, however, believe that the entrance is rather through the lingual and pharyngeal tonsils, which are more directly connected with the lymphatics.

The chronic enlarged tonsils of children are of daily occurrence and need not detain us, as their prompt removal is usually advised by the family physician. But the enlarged tonsils of adult life may be the seat of chronic abscesses, and a source of grave danger, in as much as they may lead to general pyemia or to direct infection through the cervical tissues as far down as the pleural and mediastinal cavities. Several cases are on record which point out this danger. As the abscesses are small and cause no enlargement of the tonsils, the diagnosis is difficult (*Journal of Laryngoscopy, Rhinology, and Otology*, August, 1898, and February, 1899).

At the last meeting of the Association of American Physicians, Dr. F. A. Packard, of Philadelphia, read a paper entitled "Endocarditis of Tonsillar Origin," to show the infectious nature of acute rheumatism; and it was stated that such tonsillitis and endocarditis are not rheumatic, but that the endocarditis is rather due to an infection by bacteria gaining access to the body through the tonsils, or to the toxins of such bacteria. In the discussion attention was called to the following facts: the frequency of nephritis originating in an attack of tonsillitis; that the tonsils may serve as the port of entry for severe general infections, as illustrated by a case of acute fatal streptococcus; a case of tonsillitis followed, the day after the rupture of the abscess, by pleuritis, ulcerative endocarditis, ecchymotic spots, and death on the seventh day; a case of so-called rheumatic iritis and pleuritis was cited, developing after an attack of tonsillitis (*Philadelphia Medical Journal*, May, 1899).

Cases like the following are not unfamiliar: A married woman, about thirty years of age, had suffered from child-

hood with recurrent attacks of tonsillitis or quinsy. The present attack had lasted several weeks, and had been attended with abscesses and general systemic disorder. Both tonsils were enlarged, especially the left, the latter extending up behind the arch and downwards towards the base of the tongue, with strong adhesions. The right tonsil was easily and completely removed with the tonsillotome. The left required tedious dissections, without resorting to general anæsthesia, during which time several small abscesses were opened up. In a word, final removal gave a relief the patient had not had for years.

Another form of the hypertrophied tonsil, which causes a great deal of trouble, is the one which has a very broad base, and this condition oftentimes is not discovered until a large section of the tonsil has been incised, when we find this broad mass left behind and, to our chagrin, very little relief results. Again the tonsils may be elongated and press upon the epiglottis, giving rise to spasmodic attacks of severe choking.

In the chronic follicular forms, while we usually find hypertrophy noticeably present, we will often overlook the tonsil as a seat of trouble because it has the appearance of atrophy. As a matter of fact, when large and the crypts numerous, they are oftentimes less irritating and annoying than when small and with less secretion, which is due to the fact that, in the latter case, the discharge is confined and not easily expressed by the constant muscular movements of the throat in swallowing. With the former, while they may interfere with respiration and phonation, we oftentimes have only a subjective sensation of fulness, except when an acute recurring attack may be present. When the discharge of the secretion is seriously obstructed, by adhesion or otherwise, it may give rise to numerous distressing symptoms. Among these may be mentioned pain in and around the throat, extending to the ears or downwards to the chest; the muscles of the neck feel tired and ache; or there may be sharp, shooting pains simulating neuralgic pains. The confined discharge and the activity of the bacteria, ever present,

give rise to frequent attacks of tonsillitis, pharyngitis, eustachian catarrh, provoking and persistent coughs, and imperfections of speech, until relieved by some radical treatment, for partial removal will be a failure. Dr. W. S. Renner (*Medical Record*, August 28, 1897) reports a case where there was aching and acute burning in the throat following singing or prolonged talking, which was only relieved when the tonsil was discovered to be a small crypt-like organ distended with secretion, which was destroyed with the electrocautery.

The question is often asked, Will the tonsils grow again after removal? Dr. F. E. Hopkins read a paper before a recent meeting of the New York Academy of Medicine, on "Some Unusual Tonsils," saying that the possibility of recurrence of growth in the tonsil after excision should be noted. One of the cases quoted exhibited a pear-shaped neoplasm attached by a small pedicle to the right tonsil, which after removal was found to be a fibro-angioma. In a second case, where both tonsils had been thoroughly excised by the guillotine, four months later the left tonsil was acutely inflamed, and so enlarged as to require removal. Microscopic examination showed it to be simple hypertrophy. He had found the records of fourteen cases of return after excision, but no microscopical examination had been given in any case, except the one reported by him. The third case was a boy of thirteen years. The tonsil was removed for lymphoid hypertrophy, but returned nine months later. It was removed with the snare and pronounced a simple hypertrophy, but when it returned several months later the appearance was more like sarcoma. Returning soon again, the common carotoid was tied and the growth carefully enucleated, which was again thought to be of a sarcomatous nature. Four months later there was another recurrence, when daily injections of the toxin of erysipelas and of the bacillus prodigiosus were begun, and, under this treatment, at the time of reporting the growth had nearly disappeared (*Laryngoscope*, February, 1899).

Cartilaginous and bony masses, in the form of trabeculæ, rings, and solid nodules, may occur in the tonsils; and Hugh

Walsham (*Laryngoscope*, Vol. VI, p. 73) thinks they are of fetal origin, as they bear a close analogy to the cartilaginous masses in the tonsils and small cartilaginous growths which develop in the lines of the branchial clefts, that is, cartilaginous rests. He also thinks that the enchondromata of the tonsils hitherto described may have their origin in these rests. Clinically, it is important to remember that this condition may occur in the tonsils as a congenial peculiarity. The bony trabeculæ, although principally found in those of advanced age, have been seen in the tonsil of a child of two years. Professor Kanthack, however, disagrees with this theory, holding that in these cases there is no embryonic inclusion, but merely a metaplasia of fibrous tissue into bone and cartilage.

Three cases of growth of bone extending into and about the tonsils are reported, which were thought to be abnormal styloid processes. The report had more than an anatomical interest, since it showed the value of palpating the tonsils before operating. It was thought that an operation was contraindicated in these cases, as the retracting tissues over the projecting bone might be a source of additional irritation (Stirling, *Journal American Medical Association*, October 3, 1896).

Robertson (*British Medical Journal*, January, 1899) describes a case of tonsillar calculus in a man fifty years of age, which when removed measured $1\frac{3}{4}$ by $1\frac{1}{2}$ inches. He had been previously subject to recurring attacks of tonsillitis. These calculi are not unusual, and vary in size from small masses to the size just quoted, and probably result from retention of plugs or pus in the interior of the tonsil, which later undergo caseation and calcification. They are oftentimes located in the supratonsillar fossa, rather than in the large crypts as supposed.

The tumors of the tonsils may be benign or malignant, the former occurring as lipomata, fibro-angiomata, lymphadenomata, papillomata, cysts, or polypi — the lipomata occurring most frequently.

While cancer of the tonsil is not very frequent, it does exist often enough to be met with at any unexpected mo-

ment ; and the importance of this fact is in the possibility of doing something by radical removal, if seen in time. When the surrounding tissues are infiltrated, the operation is much more serious and the results as a rule hopeless, and yet the records show cases which remained without recurrence several years later. Again an operation may be justifiable, although the prognosis offers nothing favorable, since the recurrence may be in other parts and the suffering thereby be very much modified. Cancer of the tonsil is to be diagnosed from chronic hypertrophy, not as a rule difficult, but the fact must be remembered in the presence of tonsils presenting unusual aspects ; also from syphilitic and tuberculous ulcerations ; but the present paper does not cover this question, for the former is more distinctly a medical subject, and the latter is only operative under such favorable circumstances as to make it almost unknown, namely, when the trouble is so localized that the tonsil can be completely removed.

One writer collected 110 cases of tumors of the tonsils, and found that syphilomata, and secondly sarcomata, preponderated in numbers. As to sex, the male seemed the most susceptible. Abuse of tobacco and alcohol seemed to predispose to the development of malignant disease of the tonsils.

“Sarcomata occur in the lympho and round-celled varieties. Some seventy or more cases are on record, and several of these were reported ‘well’ after an interval of five to seven years. The usual course, however, is rapid, namely, from a few months to a year. The tonsil increases gradually, with congestion and œdema. There is more or less pain, but it is not a prominent symptom. Ulceration occurs earlier than in sarcomata of other parts. Glandular enlargements are frequent and early. Hemorrhage occasionally. The general health soon becomes affected, the sense of taste and smell is lost, and the discharges are of foul odor. Extension of the growth soon interferes with deglutition and respiration.

The carcinomata, of which there are records of about 100 cases, are more frequent than the sarcomata, and occur in

the young as well as the old, the average age being fifty to fifty-five years, about the same as the sarcomata. As compared with the latter, the tendency to ulceration is greater in the former. The appearance presented is that of a fleshy pink mass, fungoid and rough, projecting into the pharynx from the tonsil and surrounding infiltrated tissues. The microscope is the only positive authority in diagnosis (Jonathan Wright, "American Text-Book of Eye, Ear, and Throat").

Paroxysmal cough is often due to unsuspected diseased tonsils, and may be explained by the complex innervation of this gland, namely, the plexus formed by the glosso-pharyngeus, lingual, pneumogastric, and spinal accessory nerves. The position of the tonsils is in close relation to the muscular pillars of the fauces, which again are closely related to the muscular apparatus of the larynx. The cough is violent and spasmodic, is accompanied by reflexes in neighboring organs, especially by a flow of tears, and is distinguished from cough due to affections of the respiratory passages by the complete absence of expectoration and failure of ordinary medication (*Journal of Laryngology, Rhinology, and Otology*, Vol. XI, p. 148).

I was consulted by a young lady for a persistent, hacking cough, evidently of reflex origin. Careful examination over the usual areas of the reflexes failed to find a cause until we reached a point in the right tonsil, which when touched immediately provoked a paroxysm of cough. Repeated tests confirmed this point of irritation, although the tonsil was small and looked inoffensive, and was apparently without adhesions. The tonsil was removed and with it the cough ceased. On examination there was found a small interstitial section of hardness, like cicatricial tissue, through which the knife had cut on removal. It was evidently connected with the posterior pillar, and formed a part of the supra-tonsillar fossa. The patient gave a history of repeated attacks of tonsillitis until within two years of my interview.

That the tonsil may unexpectedly assume dangerous conditions is shown by a case recently reported as one of "albuminuric tonsillitis." It was that of a male patient

suffering with grave kidney trouble, with large quantities of albumen. Suddenly an ulcer the size of a gold dollar appeared at the superior portion of the left tonsil. It was covered with an exudate, similar to that seen in diphtheria, which was easily removed without any hemorrhage, leaving a sharp scooped-out cavity. It was treated locally and again forty-eight hours later. In the latter part of this same day it began to bleed, and continued to bleed for some hours, notwithstanding styptics, hypodermics, etc. He was removed to the hospital for more radical treatment, when the hemorrhage began to lessen and finally ceased. The patient died five days later (*Laryngoscope*, November, 1898).

The operative measures employed are of several kinds, consisting of the various guillotines — used according to the preference of the operator rather than from any distinct merit in the special instrument — the cold snare, curved scissors or bistoury, and the electrocautery, either as a wire snare or directly as an electrode. In children the tonsillotome is the preferable instrument — always with an anæsthetic — as also in young people, provided the tonsil is easily surrounded or is not of a fibrous nature, nor the patient a bleeder. In mature years the choice will rather lie between the cold snare and the electrocautery in the distinctly hypertrophic forms. Where the condition is one of follicular formation and the tonsil small, the usual operation consists in cutting through the dividing walls of the individual crypts and trimming off the ragged edges resulting from this with knife or scissors, using such antiseptics and styptics as may seem best. In other cases, to be determined by the individual judgment, the tonsil is seized with forceps and dissected from its attachments to the palatine and pharyngeal walls with the curved scissors or the heated electrode; in the former case at one operation, in the latter in one or several, according to the judgment of the operator or the condition of the parts to be operated upon. On this point Dr. Charles E. Teets says: "This would be the treatment *par excellence* [the dissection at one sitting] if it was not for the marked inflammatory reaction, which I have found diffi-

cult to control. Furthermore, the operation is somewhat tedious, requiring from half to one hour's time. The duty of the physician is not only to thoroughly remove the diseased tissue, but to do it in such a way as will cause the least pain and inconvenience to the patient" (*Homœopathic Eye, Ear, and Throat Journal*, May, 1899). Under ether, the cold snare would be preferable to the cautery.

The possibility of hemorrhage of a serious kind after tonsillotomy must always be borne in mind, so that you can protect yourself, with the patient or the family, in the remote chance of its occurrence. A moderately free hemorrhage always occurs, and is perhaps somewhat of a benefit to the overcongested parts. If too free, we have always found that the application of the hydrogen dioxide, crude, would check it at once. It is the best styptic we have for hemorrhage in the nose or throat. Secondary hemorrhages may occur several days after the removal, which in some cases have proven rather serious for a time.

The operations for the cancerous conditions, when they have involved contiguous parts, belong in the field of capital operations for the skilled surgeon. Many would never be submitted to could the patient have any forewarnings of the after conditions. On the other hand, the skill and daring of the surgeon have given many an hour of comfort to these unfortunates, although knowing the hopelessness of the final result. The operations oftentimes involve all or large portions of the pharynx, palate, and tongue. When the disease is confined closely to the tonsil it has been removed through the mouth by means already mentioned, or through the external tissues by incision under the inferior maxilla.

Finally, while the care and oversight of the tonsils may not be a difficult matter, they demand a great deal more attention than is usually given them or it is thought they require.

EDITORIAL.

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

In the resignation of Prof. John A. Rockwell from the chair of physiology, Boston University loses a most valuable and valued instructor.

For many years Professor Rockwell has devoted his life to the development of this chair, especially along lines of experimental investigation, until the instruction given in this department has been equalled by but few colleges in the country.

This work has been done by Dr. Rockwell at a personal sacrifice, financially as well as in other respects, until the threatened breakdown of health forced the faculty most unwillingly to accept his resignation.

The selection of a man to take his place—to fill it would be hardly possible—will not be a matter easy of accomplishment for two reasons: first, men proficient in that line of work are not abundant, and secondly, the finances of the college cannot allow sufficient remuneration to make the berth attractive.

In this lack of funds really lies the whole difficulty. The scarcity of men to fill positions like the one vacated by Professor Rockwell is due largely to the fact that unless a young man, who is imbued with natural ability and fervor for the work, has an independent income sufficient to insure his living, he cannot afford to indulge in the luxury of scientific physiological investigation and experimentation.

No doubt Professor Rockwell has, during his long term of service, had not a few young men who would have been glad to have continued in that line of work under so able an instructor, and whom it would have been a delight for him to have developed; but the young man must live, and along this line of work there was nothing in sight for him beyond a pittance which the physician of average attainments would hope to acquire in one year's practice. And so it is most unfortunate for the college that, after so many years of hard,

untiring, devoted work on the part of the chair of physiology, there has been trained no successor.

The responsibility for this does not rest with the faculty, who, heaven knows, have most of them put in years of untiring, unremunerative, devoted, self-sacrificing work in maintaining the integrity of the school and in constantly raising its standard, endeavoring constantly not alone to make it *among* the best, but *the best* homœopathic school in the country; but the responsibility rests with the profession and with the alumni, who do not, and never have, supported the school as they should. It is the only homœopathic school in New England; there are sufficient practitioners and alumni in New England alone to support the school handsomely, but their attitude has ever been that of frigid indifference on the part of the one, and uncritical fault-finding on the part of the other. The result is evident in the condition cited above; we have a well-appointed physiological laboratory, a course of scientific study arranged — the result of years of practical experience — liable to fall into “innocuous desuetude” for lack of financial support.

The chair of physiology, as well as its nearest of kin, pathology, should each have a permanent endowment of at least \$100,000; and that they are not so endowed is a matter for which the profession as a whole is responsible, and of which, to say the least, it cannot be proud. If we have not *esprit de corps* enough to do it, for pity's sake let us get Miss Somebody-or-other to start a chain letter.

As we go to press comes the sad news of the sudden death by apoplexy of Dr. I. Tisdale Talbot. Though not in the most robust health for the past few years, he has of late seemed better and stronger than for some time past, and the knowledge of his demise comes with appalling suddenness.

Death has taken from our midst one who has been the most prominent figure in the homœopathic profession during the last half-century. A most successful practitioner, attending with most scrupulous care to the details of a large

private and consulting practice, he was nevertheless the acknowledged leader in all prominent movements for the advancement of homœopathy and in the establishment and maintenance of its institutions. The following we clip from the *Boston Herald*:—

“Dr. Talbot was born in Sharon, October 29, 1829. Being thrown upon his own resources to obtain an education, he went to Baltimore at the age of fourteen years, and there opened a private school. This proved very successful, and with teaching occasionally he obtained means to continue his own studies.

He entered Worcester Academy, where he fitted himself for the sophomore class at Harvard. Circumstances, however, prevented him from completing his classical course, and in March, 1851, he entered the Harvard Medical School.

He passed one winter in Philadelphia, and was graduated from the Hahnemann Medical College in 1853, and from the Harvard Medical School in 1854.

From 1854 to 1858 he continued his medical studies in Europe.

From 1848 to the time of his death, Dr. Talbot made Boston his place of residence. He had an extensive practice, and did a great deal to organize and establish homœopathy in this city. He originated the Homœopathic Medical Dispensary, chartered in 1856, and, except during his absence in Europe, acted as its secretary up to the time of his death.

He did much for the Massachusetts Homœopathic Hospital, of which he was trustee, secretary, and vice-president, as well as president of its medical board during several years.

He was instrumental in securing the establishment by the State of the Westboro Insane Hospital, which is under homœopathic control. He was active in organizing the Boston University School of Medicine, of which, from its commencement, he was the dean, as well as its professor of surgery.

He had occupied the positions of secretary and president of the Boston Homœopathic Society, the Massachusetts Homœopathic Medical Society, and the American Institute of Homœopathy, all of which prospered under his direction.

He was vice-president of the International Homœopathic Congress, held in London in 1881, and president of a similar congress held in Atlantic City in 1892.

He established and, during several years, was the editor of the

New England Medical Gazette, and was a frequent contributor to medical journals.

Aside from active membership in many medical and other societies, he was an honorary member in twelve state medical societies and in the national homœopathic societies of Great Britain, Germany, and France.

In 1856 Dr. Talbot married Miss Emily Fairbanks, of Winthrop, Me."

It would be presumptuous for one whose acquaintance with the deceased covers a period less than one half of his professional life to attempt a eulogy of such a man, but no one could know him but a short time without being deeply impressed by the untiring energy, the vast capacity for work, the diplomatic ability, and the kindness and suavity of manner which pervaded the whole being of the man, and made him, as he was, a leader of men. He occupied a place in the homœopathic profession which was in many respects unique and which henceforth must remain vacant.

Through an oversight on the part of the printer, an editorial note calling attention to Dr. S. C. Fuller's article on "Morphinomaniacs" was omitted. The points to which we desire to call attention are that the Massachusetts Homœopathic Medical Society has set aside the sum of one thousand dollars, the income of which is to be devoted to prizes to be awarded to any member presenting a paper which shows sufficient original research or merit; that this prize, a gold medal, was awarded for the first time this year, and that it was awarded to Dr. S. C. Fuller for his article on "Morphinomaniacs."

EDITORIAL NOTES AND COMMENTS.

Appleton's *Popular Science Monthly* for June contains a very interesting article by Bird S. Coler, comptroller of the city of New York, on the abuse of public charity.

The author states that New York City spends annually, in aid of charitable institutions, both public, semi-public, and private, \$5,000,000, and indirectly about \$2,000,000 more.

Much of this is given not of its own free will, but according to direction of the State Legislature — the only power the city directly has being a supervisory one, under the direction of the State Board of Charities, and the permission given to the comptroller to examine bills for expenditure.

The condition of affairs which is shown to exist is indeed startling. All of these institutions are preyed upon more or less by a class of healthy, professional beggars, who get their whole living out of one or another or many of these institutions, one case being cited where a mother and daughter got a very comfortable living by selling the coal which they begged from various institutions.

The most serious aspect of the case, however, is that a large proportion of the money received by many of these charitable organizations is absorbed in salaries and expenses, the ratio ranging from thirty to *ninety* per cent of the total income.

The author believes that relief from these abuses will not come till “public charity be placed upon a practical basis and limited to the real necessities of the deserving poor; until the city government begins to deal with each society and institution upon its merits.” It would certainly seem advisable to withhold aid to any society whose expenses and salary account exceeded a certain proportion of its income.

SOCIETIES.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

Business Session.

The regular meeting of the society was held at the Boston University School of Medicine, Thursday evening, June 1, 1899, at 7.45 o'clock, President Sarah S. Windsor, M.D., in the chair.

The records of the last meeting were read and approved.

The obituary committees appointed at the last meeting to draw up resolutions on the deaths of Dr. William C. Cutler,

of Chelsea, and Dr. Laura M. Porter, of Boston, presented the following resolutions, which were adopted by the society : —

WILLIAM C. CUTLER, M.D.

Whereas, The life work of our late colleague, Dr. William C. Cutler, has been ended, and,

Whereas, He was not only a man of high scientific attainments, but also endowed with a broad and noble character, and a gentle and lovable nature, therefore be it

Resolved, That by his death the medical profession has been deprived of a most valuable member ; and we, his more intimate associates, have lost a true friend and wise adviser, who, by his true heart and cultured mind, won the love and respect of all who knew him.

Resolved, That we extend our sympathy to his bereaved family.

Resolved, That these resolutions be spread upon our records, and a copy, properly engrossed, be sent to the family of the deceased.

FRANK C. RICHARDSON,
S. H. CALDERWOOD,
N. R. PERKINS,

Committee.

LAURA MAXWELL PORTER, M.D.,

died of apoplexy at her home, 54 Rutland Square, Boston, May 2, 1899.

She was born in Scituate, Mass., and educated in the Boston public schools. On graduating from the Normal School, she spent many years in teaching, but eventually resigned this profession to become a physician.

She studied medicine in New York, graduating in 1878 from the New York Women's Medical College, and on her return to Boston entered upon a successful practice.

Dr. Porter possessed a character of unusual strength and sweetness, and was an inspiration to all who knew her. She was highly esteemed in her profession, and for a number of years was visiting physician to the Talitha Cumi Home, where her influence was strongly felt.

She was a member of the Massachusetts Homœopathic Medical Society, the Boston Homœopathic Medical Society, and the Nineteenth Century Medical Club.

Resolved, That this memorial be entered upon the records of the Boston Homœopathic Medical Society, and that a copy be sent to the home friends.

MARTHA E. MANN,
JANE K. CULVER,
MARTHA G. CHAMPLIN,
Committee.

Dr. Windsor of the Hahnemann Monument Committee reported progress, and stated that \$335.50 had thus far been collected : —

Previously acknowledged	\$295.50
Clara E. Gary	5.00
J. W. Hayward	5.00
F. A. Davis	5.00
E. P. Colby	5.00
Carl Crisand	5.00
Frank E. Allard	5.00
David W. Wells	5.00
George E. Percy	5.00
	\$335.50

Scientific Session.

Dr. Alonzo Boothby exhibited a specimen of uterine fibroid, complicated with pregnancy, recently removed by him. Examination showed presence of fibroids, and pregnancy was suspected but not actually diagnosed. The five months' foetus was living and quite large at the time of removal, but could not have been born because of the comparatively small canal due to the fibroid growth. Dr. Boothby stated that the operation was performed two days before, and the patient's temperature and pulse were at present almost normal. I have several times successfully removed the impregnated uterus, and in every case the progress has been much more favorable than when pregnancy had not taken place.

REPORT OF THE SECTION OF DISEASES OF CHILDREN.

F. A. HODGDON, M.D., Chairman;
KATE C. MUDGE, M.D., Secretary; J. HERBERT MOORE, M.D., Treasurer.

I. Intracranial Convulsions of Children. F. S. Piper, M.D. Discussion opened by Sarah S. Windsor, M.D.

2. Extracranial Convulsions of Children. Nelson M. Wood, M.D. Discussion opened by J. Herbert Moore, M.D.

3. Treatment of Convulsions, General and Medical. W. M. Townsend, M.D. Discussion opened by Edward P. Colby, M.D.

Drs. Grace E. Cross, Edward E. Allen, and Martha G. Champlin were appointed by the chair a committee to nominate sectional officers for the ensuing year, and reported the following, who were duly elected : Chairman, Clara E. Gary, M.D. ; Secretary, Hovey L. Shepherd, M.D. ; Treasurer, Anna Chipman-Palmer, M.D.

1. Dr. Piper's paper on "Intracranial Convulsions of Children" was listened to with much interest. He stated that he very strongly believed all tubercular disease to be infectious rather than contagious. He also referred to a very interesting article by a layman, which appeared in the *Arena* a few years ago, on the relation of epilepsy to people of great accomplishments. There seems to be a very interesting relation between epilepsy and some of the greatest geniuses the world has ever known.

Dr. Windsor, in discussing this paper, said in part : " I have not had the pleasure of reviewing Dr. Piper's paper, and therefore I am a little at a loss in discussing it. I have a great deal of sympathy with the idea that convulsions are an explosion and discharge of nervous force. Much can be done in preventing a loss of nervous force by quiet, steady discipline, and in this way we might overcome the hysteria of later life. The experience that I have had with convulsions has not been very wide. I have seen a number of sporadic cases, and have given some study to cerebro-spinal meningitis and marked the convulsive symptoms present. In these cases, where the special senses are involved, the prognosis is always unfavorable. This leads to one point that Dr. Piper has not made, but perhaps it hardly comes under his paper. I should like an expression of the opinion here, whether we can expect a real recovery where these convulsions occur. My experience has been that it takes a long time. In one case of cerebro-spinal meningitis, for a

year after the patient was subject to severe attacks of hysteria, and, it was feared, would be a chronic invalid. One child nearly lost its eyesight from the terrible convulsions, and if there had not been much vitality would not have recovered."

2. Dr. Wood next read a very interesting and practical paper on "Extracranial Convulsions."

Dr. Moore: "There is a regulation in that remarkable institution, the Bank of England, that prohibits its employees from making intricate calculations when the temperature is at a certain point. This is not a philanthropic movement on the part of the bank officers, but because the calculations made at those times were found to be wrong. Dr. Wood has excellently covered this subject, and I especially like his two main divisions of the extracranial convulsions: toxic influences which act directly on the nerve centres and those which act indirectly or reflexively.

"Now as regards the toxic influences. Among those he has enumerated I would like to lay a special emphasis on one which he did not, perhaps, bring out as fully as he might, and that is the subject of auto-toxic conditions. I remember one of the first cases I was called to; I could find no cause. The child was only a few months old, and care was used in its food. While I was there he vomited up quite a large mass of cold spinach, which he had taken off a table and swallowed while his mother was out of the room, and that had brought on convulsions by irritation of the stomach. Convulsions of children and adults are due to improper food, not to the bulk of food taken, but to poisonous toxines. I think most of the cases we see are of the extracranial, and not intracranial type. When we consider those which act indirectly, their name is legion. In one thing, and that is the only thing, I must disagree with Dr. Wood, and that is dentition. I believe at the present time the pendulum is swinging the other side, and convulsions may be due to teething, especially when the eye and stomach teeth are coming.

"Then we also hear a good deal about convulsions caused by parasites in the intestinal canal. Their presence alone

does not produce convulsions, but the condition of the mucous membrane, acting in a reflex way, produces convulsions."

Dr. Batchelder : "I have been very much interested in this paper and the discussion of it. There are some things that have impressed me very forcibly this evening. When we come to analyze the daily operations of life — organic, and also those of the highest sphere — I think we can trace nine tenths of them to an ultimate outside origin. These we class as reflex. If we analyze these still further they fall into two groups. Those processes or operations which are comparatively simple are reflex. Those which are of outside origin, as fright, are an operative cause of producing a condition in which convulsions are the symptoms more or less lasting. The pathways of the impulses are more or less complex. We do not call them reflex.

"Another thing that has impressed me. It grows out of the error of using many terms in a very loose way, and we may well ask the question, 'What's in a name?' In regard to this matter which has been referred to by Dr. Wood as toxic poison, let me say that we can find in normal phenomena pictures that will express many of these evidences. Those who have been studying this from the chemical standpoint find that we have invariably certain productions that have been referred to. It is possible to produce fatigue in a rested animal. Similar relations exist in our bodies. Dam up, close the doors of these waste products, and it is easy to see that the nerve centres are overloaded.

"Another point Dr. Moore referred to is toxine as a result of poisonous material, which may or may not be caused by unsuitable food. I think we can see in a lesser degree the influence of this ptomaine in toxic-albumen, which we know as rattlesnake venom. The protoplasmic cells are the original producers of waste products."

3. Dr. Colby, in opening the discussion of Dr. Townsend's paper, said in part : "Although I have heard but a small portion of this paper, the essayist kindly furnished me a copy, and therefore I know something of its contents.

“The treatment of the whole subject of convulsions in infancy is one of such extreme importance that I wish I had more experience than I have had and better capacity for discussing the subject ; but there are some points in the course of years that must impress themselves upon our minds with regard to this disease.

“I agree most cordially with his paper, in a measure. Of course there are some points with which we must all of us disagree, and in such discussion will recognize the value of each other's opinion. But one particular point that he has called attention to is that something must be done. That is true, something must be done in infantile convulsions. There are younger physicians here ; some may in listening to the essay be too strongly impressed with the idea of protecting themselves. While I agree totally that something must be done, I hold that something must be done that will work for the good of the patient, and in doing that the physician makes what is for his own good. If everything that is done in that direction ignores every other object except the good of the patient, that means that something is being done for the patient. My observation has shown that the preserving of a calm demeanor does much more good to the patient and friends than a bustling way. This is a very small schooner that we are handling here, and the tiller does not require very much sweep, otherwise injury may result to the physician and possibly to the patient.

“With regard to hot baths. Almost invariably the rule is to plunge the infant into a hot bath. Now this is not always convenient, and in my experience I have found quite as good results from a piece of flannel wrapped about the patient closely and sufficiently warm. Sufficiently warm does not mean painfully hot. In an infant the reflexes are remarkably active, and the whole organism is made up of superior reflexes. Moderate heat, a little over warm, but not over hot, will have a soothing as well as a derivative effect. It does not follow that derivative effects will produce relief. I believe in the same conservative notion with regard to the application of cold to the head. Cold applications are undoubt-

edly a proper thing to do in the severest cases of cerebral convulsions, but I do not think it is the best thing to apply ice water, thus chilling the whole surface and producing paralysis of the scalp. For the last twenty years I have not even used cold water ; I have applied tepid water, and not with a cloth, but by continual wetting ; a little alcohol makes the evaporation more rapid, which will have the effect of cooling the surface without chilling or producing paralysis of the external vessels.

“I think the doctor was a little heroic in his doses of ipecac and bromide ; they were larger than necessary.

“I must also take issue with him a little upon following an enema with a tablespoonful of castor oil. I believe that an enema relieves the lower bowel, excites peristalsis, and you are likely to reach the upper bowel also. I know that castor oil has been used for a long time, but I think following one with the other would be heroic.

“I have my own peculiar ideas about lancing gums. I find but few instances in which the gum was so swollen or hard that the tooth would not push through, but sometimes it is necessary to lance the gum, but never over the point of the tooth. If the tissues are so thick that the tooth cannot get through they will come together after lancing. If the gum is lanced on the side it will relieve the congestion. It is not always the irritation of teething which causes the irritability. We are apt to forget that the irritation of teeth is only one thing in the development of the child ; that at the same time as great, if not greater, changes are going on and increase the reflexes. I have seen excellent results in severe cases with chloral and bromides. If it is a tonic convulsion likely to last long enough to cause dissolution, we are warranted in using every means to ward off such disastrous results. The practice of several who have been successful has been to administer regularly doses of chloral and bromide ; chloral is quicker, and when the reflex activity is diminished you can cure the disease. There is a difference between relieving and curing a disease.

“With regard to convulsions in childhood and future prospects. When a child, as an infant, has frequent convulsions

from what seems to be insufficient cause, then I think you can assume that there is danger ahead, and that unless the hygiene of that child's life is controlled, you are very likely to have during the period of adolescence an epileptic development. I have found in a large number of epileptic cases, when called to take the history, that the child had convulsions in early infancy, and as far as the parents could tell, by taking some little thing which caused indigestion. After many convulsions, look out for the development of epilepsy. If the child lives it should be absolutely controlled, and should be kept out of all kinds of excitement and over study.

"With regard to bromide. I believe the essayist included somewhat the subject of epilepsy. It is not a very common thing in childhood. Eclampsia and epilepsy are very near of kin ; it is only a question of degree which leads us to decide. Bromides are of very little use in enabling us to control the condition except they be pushed to the extent of causing bromism, and to induce bromism in a child is to endanger its being. If you carry it to the extent of stupor, as you must, you are injuring the cortical cells and, I believe, in that way injuring your patient. I do not say that bromide should not be used, but I believe that too long a use of bromide in the case of an infant is likely to lay the foundation for insanity.

"As to convulsions in meningitis. There have been suggestions given which are good. Usually, in an attack of meningitis, convulsions develop after the disease has progressed most severely ; the involved areas are threatening life, and I warn you from placing too much confidence in prognosis when the case has reached the state of convulsions. More than this, a large percentage are tubercular and practically hopeless.

"I wish again to make the suggestion that in every case of infant meningitis the family history should be most thoroughly studied out to ascertain if there is a tubercular history ; and go through every organ which can show tuberculosis, because it is secondary to some tubercular deposit elsewhere."

The meeting adjourned at 9.55.

FRANK E. ALLARD, *Secretary*.

MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

The twenty-first semi-annual meeting of the Massachusetts Surgical and Gynæcological Society was held at the Hotel Nottingham, Boston, on Wednesday, June 14, at three o'clock. The president, J. P. Rand, M.D., presided. The records of the last meeting were read and approved. Dr. H. E. Rice, of Springfield, Mass., was proposed for membership.

The following physicians were elected to membership: W. Morrill Colby, F. P. Batchelder, George L. Van Deursen, and David W. Wells.

The committee appointed at the last meeting to draw up changes in the constitution and by-laws reported through its chairman, Horace Packard, M.D., who spoke of the advisability of the alterations recommended by the committee, and read several letters from physicians outside the State who approved of the changes, also one or two offering objections. A motion was then made that the report of the committee be accepted and the changes adopted as a whole. Eleven voted in the affirmative and nine in the negative. As a two thirds vote is necessary to alter the constitution or by-laws, the motion was lost. The whole matter of change in the constitution and by-laws was referred back to the same committee, with instructions to report at the next meeting.

Dr. Alonzo Boothby was elected delegate to the American Institute of Homœopathy to represent this society.

It was announced that during the past year the society had lost three of its members by death, and the society elected the following obituary committees: Drs. Jane K. Culver, Mary L. Swain, Sarah A. Jenness, to prepare an obituary of Laura M. Porter, M.D.; Drs. Alonzo Boothby, A. Howard Powers, and T. M. Strong, one of Henry A. Houghton, M.D.; and Drs. C. H. Leland, N. H. Houghton, and J. K. Warren, of H. M. Hunter, M.D.

Scientific Session.

I. Surgical Diseases of the Faucial Tonsils. T. M. Strong, M.D., of Boston. Discussion by G. B. Rice, M.D., and N. H. Houghton, M.D.

2. A Complicated Case of Fibroma Uteri. Nathaniel W. Emerson, M.D., of Boston. Discussion by Alonzo Boothby, M.D., and J. W. Hayward, M.D.

3. Hemorrhage. A. Howard Powers, M.D., of Boston. Discussion by F. P. Batchelder, M.D., and Carl Crisand, M.D.

4. Surgical Peritonitis. Sidney F. Wilcox, M.D., of New York. Discussion by Horace Packard, M.D., and H. A. Whitmarsh, M.D.

5. Professional Etiquette and Medical Courtesy. Chas. Sturtevant, M.D., Hyde Park. Discussion by E. P. Colby, M.D., and J. K. Warren, M.D.

Dr. Boothby opened the discussion of Dr. Emerson's paper. He remarked that the paper had to deal with an exceptionally severe case of fibroid tumor with a most fortunate outcome. He considers it not an uncommon thing for ovarian tumors to become inflamed, and spoke of the impossibility of telling the exact state of affairs within the abdominal cavity until after the incision is made. The fact that a fibroid tumor grew after removal of one or both ovaries is, in his experience, nothing unusual. He cited a case where he had removed both ovaries and tubes, with the hope that a fibroid would disappear. It did retard the progress for a time, but later the tumor grew rapidly, and another operation was performed. In this, he, like Dr. Emerson, wounded the bladder, but without serious results. A fistula persisted for a time, but finally healed. In his experience, the ovaries and tubes are usually much enlarged in cases of fibroid tumors, and are, in his opinion, a cause for the pain which patients with fibroids usually suffer.

Dr. J. W. Hayward, in the discussion of Dr. Emerson's paper, spoke of the peculiarity of the different colors and densities of the fluid found in the case of Dr. Emerson's, and said he had never observed it in his practice in a unilocular cyst. He spoke of peritonitis as a frequent complication in fibroid tumors, which often resulted in much pain and danger to life. He recommended the early removal of fibroid tumors, while they were easily operable and before they take on malignancy.

Dr. Horace Packard, in the discussion of Dr. Wilcox's paper, spoke of the cause of peritonitis as always the result of the invasion of the peritoneum with septic microbes, frequently from contamination with septic material from the surgeon's or assistants' hands, sutures, or sponges. He spoke of the great infrequency of septic peritonitis nowadays in the practice of experienced operators. The loss of intestinal peristalsis from septic peritonitis is always an exceedingly unfavorable symptom. All means employed to move the bowels have proved ineffectual. Every one feels helpless in the treatment of cases of septic peritonitis. Prophylaxis is the essential feature. The condition can be prevented, if it cannot be cured. Drainage of the abdominal cavity should be instituted only in such cases where there is excessive oozing. In the treatment of septic peritonitis little good results from the use of cathartics as given by the old school. Cold applications to the abdomen and rectal enemata are both of advantage.

Dr. H. A. Whitmarsh said that all of us who do abdominal surgery have had cases of septic peritonitis. He prefers the use of hot application rather than cold. He considers all cases of acute septic peritonitis as really inflammatory in character, but too profoundly septic in character for nature to rally the leucocytes in sufficient numbers to prevent dissolution. He spoke of the advisability of covering all exposed intra-abdominal surfaces with peritoneum if possible, as this tissue is much better adapted to combat septic infection than connective and cellular tissue.

Dr. Batchelder spoke of the excellent results obtained immediately by flushing the peritoneal cavity with hot saline solution. He has repeatedly observed an improvement in the patient's pulse within sixty seconds after its introduction. In cases of sepsis he considers a thorough washing of the abdominal cavity very essential.

Dr. Powers considers the use of either hot or cold applications beneficial in inflammatory processes, inasmuch as they both produce a lessening of the blood current. He claims plain sterile water is absorbed more quickly by the peritoneum than the normal saline solution.

Upon motion of Dr. Warren, a vote of thanks was tendered Dr. Wilcox for his valuable and interesting paper.

Dr. Strong's paper was discussed by Dr. Rice, whose remarks were in writing.

Dr. H. C. Clapp reported a fatal case of septic endocarditis following a tonsillar abscess.

Drs. Worcester and Bellows also participated in the discussion.

Dr. Batchelder opened the discussion of Dr. Powers' paper, and spoke upon the advisability of securing all important vessels by clamp or ligature before cutting them. He had observed greater irregularity of the veins of the upper extremities than of the arteries, especially of the median basilic which is so frequently opened for the intravenous saline solution. In treating hemorrhage it is important that we bear in mind that we have in many cases to deal with diseased vessels rather than healthy ones, and the treatment must be modified to meet the pathological condition there existing.

Dr. Crisand spoke against the use of the tampon and of the subsulphate of iron and similar hæmostatics. He uses in his practice antipyrine or peroxide of hydrogen.

Dr. F. W. Elliott advised solution of acetic acid for intra-uterine hemorrhage.

Dr. Southwick reported a severe case of hemorrhage following curettement, which was stopped by painting the endometrium with a solution of equal parts of carbolic acid and iodine.

Dr. Briggs reported three cases of severe and persistent hemorrhage which were directly attributable to the hemorrhagic diathesis.

Dr. Colby discussed Dr. Sturtevant's paper on "Medical Etiquette."

It is important for physicians to realize that they belong to a liberal profession, not to a trade. It is therefore in our dealings with each other a matter of conscience; as the physician has an active conscience, so will he act by ethical laws. The whole subject of medical ethics can readily be reduced to that simple rule, "Whatsoever ye would that men should do unto you, do ye even so unto them."

Dr. Warren said that, with few exceptions, his experience with his fellow physicians had been pleasant, but spoke of the advisability of considering this subject frequently.

The society adjourned its scientific session at 7.45 o'clock, after which dinner was served. The day being excessively hot, the attendance was not as large as usual.

J. EMMONS BRIGGS,
Secretary.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.

GRADUATION EXERCISES AND CLASS DAY.

Boston University School of Medicine, at the close of its present scholastic year, instituted a new and pleasant observance; or, to speak more accurately, revived, with modifications, a custom once in approved use. On Monday, June 5, the school celebrated a Class Day.

It was formerly the custom for the school to hold its Commencement exercises apart from those of the University at large, the occasion combining the features of a Commencement and a Class Day. This custom was abandoned, when the degrees of the Medical School were conferred simultaneously with those of all other departments of the University at a general Commencement, which custom still obtains. With the growth of *esprit de corps* among the students of the Medical School—which growth has been watched by its friends with the keenest satisfaction—came the suggestion of certain exercises, at least, which should belong to that school alone, on the occasion of its bidding farewell to the men and women who carry forth its won degree. This suggestion embodied itself, on the date referred to, in a Class Day, which proved so welcome an innovation that its becoming an established institution seems assured.

On the afternoon of June 5, the laboratories of the school were thrown open to the friends of students, and the methods and results of certain branches of the school work were exhibited and explained by instructors in attendance. Many friends availed themselves of the opportunity thus

offered, and manifested much interest in the exhibitions and explanations.

In the evening the grounds of the school were gay with Japanese lanterns, and wore a truly Class Day air of festivity.

At seven o'clock the amphitheatre of the college building was crowded to its utmost capacity with friends and students, who followed with the most appreciative attention the delivery of the Class Day program, whose numbers ran as follows:—

Song, B. U. S. M. Quartette.

Class Historian, Mary Charlotte Whitehead.

Thesis, "Some Indications for the Iodides in Pulmonary Tuberculosis," Walter Bryant Guy.

Class Prophet, Theodore Clarkson Merrill.

Class Valedictorian, Alberta Sylvia Boomhower.*

Valedictory for the Faculty, Prof. John Lambert Coffin.

The singing by the college quartette was tuneful and effective, and was applauded to the echo. Dr. Whitehead's class history was an accurate presentment of the life of the class, enlivened by many kind and droll personalities.

Dr. Guy's thesis was noteworthy in several particulars. It presented a subject of especial and perennial interest to the laity, in a form at once scientific and suited to the popular comprehension; it offered an excellent example of what original and distinctly valuable researches may be made by an undergraduate; in a word, it was not only an exceptionally commendable type of the thing it claimed to be, — a college thesis, — but it was a scientific document of solid and permanent value.

Dr. Merrill's class prophecy showed a keen insight into the characteristics of his classmates, and was followed with amusement and interest.

Dr. Boomhower's valedictory address was simple, fit, and impressive. In part it ran:—

"We are not ending our career. We trust we are not as a 'poor player who struts and frets his hour upon the stage, and then is heard no more.' '99 has been a class of action,

a class of originality, a class of execution ; then why consign her to oblivion ? Nay — we refuse to be cut off thus in our infancy. We are ready to go, but we know well that when in the full splendor of success, with banners flying, mid trumpets' peal, we come down the home stretch to lay our trophies at this shrine, you will be glad we did not say 'farewell,' but only 'till we meet again.' "

The address delivered in behalf of the Faculty, by Prof. John Lambert Coffin, was listened to with the closest interest, and rewarded with unstinted applause. Among other wise and eloquent things, Professor Coffin said : —

"This is no time for idle or reciprocal compliment ; rather as when from out the home circle some beloved child goes forth to try its strength in life's battle amidst the gay and laughing good wishes of friends and family ; that mother which gave it birth stands with throbbing heart and anxious mind, and claims her divine right to give the final words of blessing and advice, — so stands your alma mater to-day, and with a full heart, realizing the responsibility she has assumed, in bringing you forth into professional life, that she would speak to you of some of those qualifications which go to make up the physician as a man.

"First of those essentials is honesty, not alone of the commercial quality which demands payment of financial obligations, but that honesty which gives a fair and just equivalent for value received ; not the honesty that patronizes poverty with one hand while it robs the rich with the other.

"Honesty of mind. — Test all things by your own thought and judgment, guided by that intelligence which has been implanted in each of you, and which, if properly nurtured and developed, will be sufficient for your needs. Worship not that fetish authority, nor bow down to the altar of tradition. Be independent in your thought, but be sure that you think. With courteous regard for the opinions of others, be not afraid of your own so long as they are the result of your careful study.

"Have nothing to do with that honesty which 'is the best policy.' Policy has nothing in common with absolute hon-

esty; it ever walks with its 'head over its shoulders' to see from which quarter a favorable wind may blow. It is a sycophant that says, 'Good Lord,' 'Good Devil,' in the same breath, and should not touch at any point that man who is imbued with a wholesome self-respect. Honesty of mind is to think out for yourself what it is right for you to think or do, and then uphold the thought and do the deed. Not an easy path in life, but honest and honorable. Remember what that greatest of American ethical thinkers, Emerson, says: 'What I must do, is all that concerns me, not what the people think. . . . It is easy in the world to live after the world's opinion; it is easy in solitude to live after our own; but the great man is he, who, in the midst of the crowd, keeps with perfect sweetness the independence of solitude.'

"Honesty of soul. — Arraign yourselves occasionally before the bar of your own judgment, with your conscience as persecuting attorney. Try yourselves by the same high standards by which you judge others. Be sure that under whatever conditions you may be laboring, you are striving for the perfection of the best of which your nature is capable. This is the honesty, I take it, which is meant by those noble words of the old Polonius to his son Laertes, when he says, 'This above all, to thine own self be true, and it shall follow, as the night the day, thou canst not then be false to any man.'

"Courage. — That element of the human mind that when once one's country sounds the alarm, brings forth hundreds of thousands of her sons to endure hardship, privation, death. Examples of this noble virtue, as evidenced by numberless illustrations during the war of the past year, are too fresh in your minds to need comment at this time. But there is a courage, not of war, but of peace—a courage that produces no heroes, whose brave deeds are exploited in the pages of history, and whose names are known throughout the breadth of the land; a courage that not only is not afraid to meet death, but also does not fear to face life. The courage of right living, the ability to endure, the bravery that will enable you to accept life as it comes to you and make the best of it,

that will make you patient under adversity, that will enable you not only to bear your own trials, but prompt you ever to listen with attent ear, to the misfortunes and ills of others, that by your example they too may be helped to be brave and strong.

“The courage of conviction, that fortitude which enables a man to stand up and be counted regardless of consequences, when he honestly believes himself to be in the right — such is the courage of peace, noiseless, persistent, essential, fundamental, eternal.

“There are two kinds of strength ; one the strength of the river,
Which through continents pushes its pathway forever,
To fling its fond heart in the sea. If it lose
This, the aim of its life, it is lost to its use,
It goes mad, is diffused into deluge and dies.
The other, the strength of the sea, which supplies
Its deep life from mysterious sources, and draws
The river's life into its own life, by laws
Which it heeds not. The difference in each case is this :
The river is lost if the ocean it miss.
If the sea miss the river, what matter,
The sea is the sea still forever.

“Be courageous, then, that you may be made strong, with the strength of the sea.”

At the conclusion of the program, a reception to the graduating class was held in the large microscopical laboratory, after which refreshments were served, followed by dancing, to the music of the Boston Cadet Orchestra. The supper room was charmingly decorated, the tables, in especial, presenting a brilliant sight. These were presided over by Mrs. (Dr.) T. M. Strong, Mrs. Rufus Everett, Dr. Anna Belle Davis, Dr. Lillian Belle Neale, and Miss Helen Elliott.

The occasion, as a whole, was rich in good fellowship, and a fitting close to years of harmonious work. As has already been said, it will doubtless prove but the initial one of a series of pleasant gatherings. planned to a like end.

REVIEWS AND NOTICES OF BOOKS.

A PRACTICE OF MEDICINE. By H. R. Arndt, M.D., formerly Professor of Materia Medica and Therapeutics, and Clinical Professor of Nervous Diseases, Homœopathic Medical College, University of Michigan, etc. Philadelphia: Boericke & Tafel. 1899. pp. 1,331. Price, half morocco, \$8.00 net.

Those familiar with this work in many volumes will find the new edition of one, with subject-matter rearranged, compacted, thoroughly revised and brought up to date, an unexpected and satisfactory modification of the original plan. Large experience in editorial and professional pursuits has especially well fitted the author to produce as his latest achievement a work on practice which is of great merit and large usefulness. Its contents are set forth in the following order: —

I, Specific Infectious Diseases; II, Constitutional Diseases; III, Diseases of the Nervous System; IV, Diseases of the Muscles; V, Intoxications, Heat-Exhaustion, Obesity; VI, Diseases of the Digestive Organs; VII, Diseases of the Respiratory System; VIII, Diseases of the Organs of Circulation; IX, Diseases of the Blood and Ductless Glands; X, Diseases of the Kidneys and Bladder; XI, Diseases due to Animal Parasites.

One of the most interesting sections perhaps is that treating of Diseases of the Nervous System, over 250 pages being allotted to a consideration of the principal nervous disorders, to their morbid anatomy, symptomatology, diagnosis, and treatment.

In fact, as regards space, its assignment throughout the book shows good judgment and an appreciation of the relative importance of the subjects taken up; while the text, by a uniformity of subdivisions such as etiology, symptoms, diagnosis, prognosis, treatment, therapeutics, etc., fairly indexes itself.

Among other good features is the clearness with which allied diseases or similar conditions are contrasted and the careful accentuation of practical and noteworthy points, thus reducing the difficulties of differential diagnosis to a minimum.

The book is rather bulky, but could not well have been further reduced in size. We like the type and the binding, but best of all the contents, and think the profession at large will do well to include the "new Arndt" among other volumes which must surely be purchased.

LEADERS IN HOMŒOPATHIC THERAPEUTICS. By E. B. Nash, M.D. Philadelphia: Boericke & Tafel. 1899. pp. 381. Price \$2.50 net; by mail \$2.63.

To emphasize the characteristic symptoms of each of the leading remedies, and so to make possible good off-hand prescribing in simple, uncomplicated cases, is one of the chief aims of the author.

He also endeavors to discharge the disposition heretofore shown by some to quarrel over the relative importance of symptomatology and pathology, and to divide on the question of potency.

He advocates the use of the single remedy and the minimum dose, and has endeavored to write so as to make a book suggestive and convincing to our allopathic brethren.

The result is a readable and serviceable volume, free from verbiage and illustrated, as it were, by many illuminating practical points culled from the writer's experience and general knowledge.

There are always sentences under every remedy linking *materia medica* lore with the practice of medicine. Most of the leading remedies and a few that seem to us minor ones will be found in this book. They are not arranged alphabetically but are so indexed. Another, a clinical index of diseases, with suggested remedies and the page upon which they appear, is appended and is a thoughtful addition.

Altogether we see no reason why this book should not be helpful to men of all schools of practice and belief, whether or not they approve of the doctrine of the infinite divisibility of matter which Dr. Nash incidentally seems to preach.

AN EPITOME OF THE HISTORY OF MEDICINE. By Roswell Park, A.M., M.D., Professor of Surgery in the Medical Department of the University of Buffalo. Second edition. Illustrated with Portraits and other Engravings. Philadelphia: The F. A. Davis Co. 1899. pp. xiv, 370. Price \$2.00 net.

We know of no other book which supplies so concisely an outline at least, of the evolution of medicine from a confused mass of experimental notions, ignorant, superstitious, and vague traditions, to a well-recognized and highly developed art and science.

The author's effort to present important facts and events bearing on the subject have met with gratifying recognition necessitating a second edition within a year of the publication of the first. The volume under consideration shows no marked changes. The first

four chapters are on the Age of Foundation and the Age of Transition; the next six on the Age of Renovation.

A chapter is given to each of the following subjects: History of Medicine in America, History of Anæsthesia, History of Antisepsis, An Epitome of the History of Dentistry. An interesting new chapter, entitled "Iatrotheurgic Symbolism," which brings the volume to a close, pictures the close relationship existing between symbolism in the religion of the pagans and the symbolism employed by the early exponents of medicine.

The author's desire is that his work might be adopted by medical schools as a text-book. Even if this should not be done we think it might be added to advantage to the list of books students are advised to own and read, as they are too often very ill-informed concerning the literature and history of the profession they are to follow.

PRACTICAL MATERIA MEDICA FOR NURSES. By Emily A. M. Stoney, late Superintendent of the Training School for Nurses, Carney Hospital, South Boston, Mass., etc. Philadelphia: W. B. Saunders. 1899. pp. 306. Price \$1.50 net.

The present is a companion volume to *Practical Points in Nursing* by the same author. It is intended for a text-book and for use in private nursing to refresh and supplement the attendant's memory. The first part deals with General Considerations and the Classification of Drugs. Part II contains instruction in *Materia Medica*. Part III is regarded as an appendix, but covers much ground, namely, Poison Emergencies, Mineral Waters, Weights and Measures, Confinement Table, Dose-List, Abbreviations.

A glossary of medical terms, names of many of the newer remedies, patent and otherwise, and an index complete the work.

Under *Materia Medica* the consideration of the drugs (which are arranged alphabetically) includes their names, both English and Latin, their sources and composition, their various preparations, physiologic actions, directions for handling, administration, etc.

There is certainly very little left out in this volume, perhaps not enough. We hardly see how the average nurse, with the average degree of previous attainments, her varied hospital duties and instructions, can memorize and assimilate more than a small proportion of the information furnished. Portions may of course be culled out to advantage, still the book's greatest usefulness will be found, perhaps, in its availability as a work of reference.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONERS' INDEX FOR 1899. New York: E. B. Treat & Co. Price, \$3.00.

This is the seventeenth year this annual has been published, and this fact in itself is some guarantee of the value and usefulness of the volume. Evidently it has filled a need. The present edition is fully up to the high standard of its predecessors. Its contributors, thirty-two in number, are all men eminent in the profession, and their work in the various departments is thorough and conscientious. There are so many "annuals" published nowadays it is difficult always to choose, for all of them are good; but of them all there is none to our mind more practical, and where the information sought is more easily obtained, than in this one.

EPILEPSY IN LONDON ASYLUMS. — It appears that there are between 600 and 700 insane male epileptics in the London asylums, suffering more or less acute forms of epilepsy; to this number may be added about one hundred London patients at present boarded out in other asylums. It is now proposed that those epileptics whose insanity is not continuous should be located in a separate building to be erected on land at Horton; they will here form a working colony.

PERSONAL AND NEWS ITEMS.

A RECENT graduate of B. U. S. of M., wishes to serve as substitute for a physician, or to take practice for a few weeks or months. To any physician wanting a vacation this is an excellent opportunity. Address "Medical Substitute," care of Otis Clapp & Son.

ALFRED E. P. ROCKWELL, M.D., class of '99, B. U. S. of M., has located at 248 Main Street, Worcester, in the office formerly occupied by Dr. C. L. Nichols. Pathological examinations made for the profession. Office hours: until 9 A.M., 2 to 4 and 7 to 8 P.M. Sundays 3 to 4 P.M. Telephone 1032-2.

THE thirteenth annual class for instruction in official surgery will assemble in Chicago at 9 A.M., September 4, 1899, and will continue to meet daily during the week. For particulars of this clinical course, address E. H. Pratt, M.D., 100 State Street, Chicago.

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COMMUNICATIONS.

MEDICAL CASES TREATED AT THE MASSACHU- SETTS HOMŒOPATHIC HOSPITAL FROM APRIL 1 TO JUNE 30, 1899.

SERVICE OF DR. JOHN P. SUTHERLAND, ASSISTED BY DR. EDWARD E. ALLEN.
MEDICAL INTERNES, DRS. ANNA B. DAVIS AND BENJAMIN T. LORING.

(Reported by Dr. Edward E. Allen.)

The following list shows the number, character, and result of treatment of the medical cases treated at the Massachusetts Homœopathic Hospital for the quarter ending June 30, 1899.

The total number of patients under treatment was 116. Of this number forty were males and seventy-six females. Sixty-three patients were cured; thirty-nine were improved, many of them materially so; six were unimproved, three because they left the hospital before treatment had brought them any benefit and three because their trouble was beyond medical help; four patients were transferred to the surgical side, the only hope of permanent cure being from surgery; three patients died and one patient was not treated. Of the three who died one had a *large carcinoma of the liver*, with many large hard nodules, one of which was situated upon the under side of the left lobe over the small curvature of the stomach. This nodule ulcerated through the stomach wall, a large vessel was eroded, and the patient died suddenly from hemorrhage. At the autopsy, which was held immediately, the above condition was found. The nodule in question was undergoing rapid degenerative changes and the stomach wall

in contact with it was exceedingly friable, so much so that the operator's finger would pass readily through the wall.

The second death was likewise from *carcinoma*, the neoplasm having its primary seat in the colon at the splenic flexure. The patient came under our care April 25, and remained until her death, June 29. Upon admission an enlarged liver was found, also a large tumor in the left hypochondrium and left lumbar regions, somewhat nodular and very sensitive to pressure. She was very anæmic, the blood count made April 26 showing the following: disks, 2,775,000; hæmoglobin diminished; leucocytes; small lymphocytes, one per cent; large lymphocytes, eight per cent; neutrophiles, eighty-nine per cent; eosinophiles, two per cent. A diagnosis of malignant disease was made and an exploratory incision requested; but after consultation with Drs. J. B. Bell and William F. Wesselhoeft, it was decided that the procedure would be of no avail. The autopsy held the day after death showed the large tumor mentioned and secondary involvement of the liver, meso-colon, mesenteric glands, left supra-renal capsule, and peritoneum. The right ovary and uterus were also cancerous.

The third death was a case of *croupous pneumonia* which arrived at the hospital May 26, after a railroad journey which proved too trying for his weak heart. He arrived about 7.30 P.M., with a temperature of $103\frac{1}{5}^{\circ}$, pulse 126, respiration 56, and steadily grew worse; about 10.15 he went into collapse, and died at 10.20 of heart failure. This was the sixth day of his illness.

It is matter for congratulation that these were the only deaths occurring during the quarter.

Five cases of *enteric fever* presented themselves for treatment, an unusual number for this season of the year. Of these one was convalescent when our service commenced and was discharged one week later. Of the other four two were noteworthy, one especially so. This was a man thirty-four years of age, admitted to the hospital April 10, at the commencement of the second week of his illness. The first movement of the bowels after admission was blood-streaked,

and every succeeding one showed some blood up to April 16, when he had several alarming hemorrhages from the bowels with the usual symptoms of collapse. One quart of normal saline solution was injected subcutaneously into the left pectoral region at 10 P.M., with good results. On the seventeenth he had three more large hemorrhages, and another quart of solution was given as before into the right pectoral region. April 19 another injection of three pints was given at 12 P.M. for a bad hemorrhage which occurred at 11 P.M. At 9 A.M. the following morning the patient very nearly died, his pulse being very weak, heart sounds hardly audible, respiration labored; but about 11 A.M. he commenced to react nicely, and from that time on improved steadily. During all this time his abdomen had been very tympanitic, so much so that the pressure of the gas hindered respiration. A singular feature of this case was the fact that no amount of cold sponging seemed to have any effect upon the temperature, the thermometer actually registering higher after some of the baths.

The internal medication consisted of ipecac, naphthalin, and charcoal, the latter administered in large quantities in the hope of absorbing some of the gas. Strychnine nitrate $\frac{1}{100}$ gr. hypodermatically every two hours, while the weak heart demanded it, was administered. His diet was strictly of milk, and he took it well. It seems to us that this patient's life was saved not so much from the fact that the normal saline solution was used as from the method of its administration.

That the use of normal saline solution to combat the collapse following great loss of blood is excellent practice all modern physicians are agreed, but it seems to us that the subcutaneous method is the ideal one when the hemorrhage occurs from the intestine in typhoid fever, and for this reason: By injecting a quart of fluid subcutaneously, taking plenty of time to do it, say half an hour, we make no sudden tax upon the heart. It beats gradually stronger and stronger, blood pressure is very gradually raised, and the danger of suddenly forcing out the small plugs of clotted blood that in

all probability have formed in the open mouths of the eroded vessels is very materially lessened. By the intravenous method we suddenly raise the blood pressure, the heart is stimulated to work harder, and the small clots are almost sure to be forced out in a short time, with the result that the next hemorrhage is composed largely of the remedial agent. The intravenous method has been tried here faithfully on more than one occasion, and the above result noted.

One other case of enteric fever was noteworthy from the excessive loss of flesh, the patient losing forty-eight pounds from the commencement of his illness to his first week sitting up.

Ten cases of *acute articular rheumatism* were treated and all did uniformly well with one exception. This was that of an elderly gentlemen ill with his seventh attack of rheumatic fever, and, strange to relate, he had a sound heart. He got along very well, and was up about the ward, convalescent, when his trouble again attacked one arm, and he had to spend a few more days in bed. All the rheumatic cases were singularly free from heart lesions, only one showing heart trouble, and that beyond doubt was a relic of a previous attack.

Colchicine 3 x has been given a thorough trial in these cases, with the best of results. All of the patients were encouraged to drink large quantities of pure cold water, washing of the tissues internally being considered an important factor in the treatment.

There were also three interesting cases of *ulcer*, two of them being *duodenal* and one *gastric*. Of the two *duodenal ulcers* both were serious cases, one of them especially so. This was a young lady who had had several hemorrhages from the stomach and bowels, with corresponding faint spells, before she was admitted to the hospital. She was under treatment eighty-two days before we considered her cured. Her diet was carefully selected and gradually increased from week to week as she gained in strength and digestive ability. Kali bichromicum was the remedy administered in all of these cases, and seemed to do all that medicine could.

The case of *icterus* was interesting from an anatomical standpoint, the trouble being wholly mechanical. The patient was a young lady of athletic habits, who had been apparently over-exercising. Upon admission she was found to be very much jaundiced, and careful examination disclosed a displaced right kidney. This had drawn upon the duodenum in such a way as to twist the common bile duct and occlude it, giving rise to the resulting icterus. Manual efforts were all that were necessary in replacing the kidney, and the jaundice disappeared. She had also been troubled for years with constipation. Urinary analysis showed a very low per cent of urea excretion. Large quantities of cold water were ordered, with the result that when she left the hospital she was having natural movements.

A case of *diphtheria*, one of *scarlet fever*, and one of *erysipelas* developed on the surgical side of the hospital from unknown causes. All were immediately removed to the cottage and every precaution taken to prevent future trouble.

The case of *diphtheria* was that of a little boy who came in during the previous service for operation on his feet. Very soon after the operation he was taken ill with scarlet fever, he probably having been infected before he came into the hospital. He went through the usual course of the fever, isolated at the cottage, and after it was over he was brought back into the hospital. Very soon he complained of a sore throat, and examination disclosed a condition which we were loathe to consider anything more than a follicular tonsilitis. But nevertheless he was again isolated and a culture taken, which revealed the presence of the bacillus of diphtheria. The remedy given was *mercurius corrosivus* 3 x, upon which he recovered nicely. Hydrogen dioxide, fifty per cent, was also used as a spray and gargle.

The case of *erysipelas* was noteworthy for its severity, it being an open question for several days whether the patient would live or not. The temperature registered for several nights between 105° and 106°, the patient being tortured by many involuntary movements of the bowels, and extremely restless. The remedies seeming to have the most effect

were arsenicum 3 x and rhus tox. 2 x. She now has a normal temperature and is convalescent. A somewhat remarkable feature of this case was the fact that although she had a large open wound in the ischio-rectal region, it remained wholly unaffected by the erysipelas.

Phthisis pulmonalis has no place in the wards of our hospital, but a case now and then does slip in. One case came in under a diagnosis of rheumatism, and upon examination she was found to have a badly diseased right lung, with almost constant cough, pleuritic pain, and an evening temperature of 103° or over. Dr. H. C. Clapp examined her for admission to Rutland, but the case seemed so hopeless that he refused to take her. She was put upon ars. iod. 2 x, a generous diet, and cod liver oil. When she left the hospital after sixty-two days' treatment she had no cough, no pain, her temperature was normal, and the lesion in her lung had improved wonderfully.

Another somewhat remarkable case was that of a woman fifty-three years of age who came into the hospital on May 10 for an operation, in the hope that a left-sided *facial neuralgia* might be cured. She had been in almost constant pain for over a year, and had not eaten any solid food since October last on account of the excruciating pain caused by chewing. Examination showed involvement of all the branches of the fifth nerve on the left side, also some of the branches of the cervical and brachial plexuses, the pain shooting down the arm to the fingers. There was muscular ankylosis of the left shoulder joint and to a less extent of the right. Surgery seemed out of the question on account of the extent of involvement, and it was resolved to try medical and dietetic treatment. Accordingly she was put upon spigelia, full diet with lunches between meals, and cod liver oil three times a day. On May 13 she ate the first solid food since October; on May 17 she was able to eat everything brought her. Gymnastics were now introduced, and on May 27 she went home cured, with the ankylosis improving every day and free from all pain.

The case of *sub-clavicular abscess* presented all of the

symptoms of a brachial neuritis for several days before the true condition made itself manifest. Finally a spot was discovered above and below the clavicle, close to the acromion process, which was both red and very tender; fluctuation soon developed. Free incision with suitable drainage, together with a counter opening in the axilla, soon put this patient on the road to recovery.

Just a word in regard to cod liver oil. We have found it extremely useful in building up the nervous system of patients suffering with neurasthenia and nervous prostration; also in convalescents from whatever trouble. We have found no case that could not take it either pure or followed by a little malt extract.

THE CONSTRUCTION OF A SCIENTIFIC MATERIA MEDICA.

WHAT EVIDENCES OF PURITY SHOULD BE EXACTED IN DRUG PATHOGENESIS?

BY PEMBERTON DUDLEY, M.D., PHILADELPHIA, PA.

[*Read before the American Institute of Homœopathy.*]

How shall a materia medica be so constructed as to fulfil the requirements of the 144th section of Hahnemann's *Organon* — a materia medica in which “everything shall be the pure language of nature carefully and honestly interrogated,” and from which “everything that is conjectural, all that is mere assertion, and all that is imaginary shall be strictly excluded”?

At the close of the first century of our professional existence, we find ourselves face to face with the fact that our past endeavors to accomplish this object have proved a somewhat ignominious failure. We have incorporated into the composition of our so-called pathogenesis about everything that floated within our reach. We have sometimes halted a contribution at our gates, have questioned and criticised it; have pointed out its lack of trustworthy credentials; have called attention to its evident unscientific character, its

crudely stated symptoms, and its self-contradictions, and have — admitted it, just the same. The amount of this accumulation is simply vast. The proportion which we absolutely know to be the “pure language” of the drugs represented therein is relatively very small. A small part of it represents known truth; another small part represents almost equally well known error; and by far the larger portion is to be designated as doubtful.

The elimination of the spurious symptoms from this mass has been the thought, if not the work, of the century. Whatever efforts have been put forth to accomplish this object have been in the nature of what are called “clinical tests”: by which it was assumed that the genuineness of a symptom could be substantiated by the fact of its disappearance from a case of disease after the administration of the drug which had been supposed or alleged to produce it. By this process we have been “corroborating” and “confirming” (?) symptoms thus “proved” (?) to be genuine; but we have not thus established the spurious character of a single symptom; and, of course, we never will; simply because the clinical test (if it be worth anything at all) bears no testimony at all in relation to the spurious symptoms, but only in reference to those that are genuine. For the purification of the pathogenesis of drugs as we have it on record, the clinical test is hopelessly impotent, as any moderately schooled philosopher could have told us before we inaugurated it. It undertook to prove thousands of “negatives.” It has not yet proved one.

Even were it possible to test pathogenetic symptoms by means of clinical experiments, we should still be confronted with the fact that our clinical testimony is well-nigh as unreliable as our pathogenetic testimony. Only in infrequent instances can it be positively and unquestionably asserted that a case of disease has been actually “cured” by the action of a drug; that is, cured in the true and specific sense in which thoughtful homœopathic physicians employ that term. The ordinary disappearance of a symptom during drug treatment is of exceedingly small value as a test of the curative potency

of the remedy employed, and as an evidence of the pathogenetic verity of the symptom, its worth is almost infinitesimally minute.

Almost the entire business of scientific research consists in the discovery and demonstration of truth, rather than the hunting down of error. Science will chase a supposed truth ten leagues when she would not follow a falsehood five feet. She seeks to know the things that are, rather than the things that are not. Medicine, if she would claim to be scientific, must follow the methods and accept the ruling principles of science. She must interest herself in demonstrating with vastly more care and skill than heretofore the therapeutic properties of the agents she employs. In this particular every one of the great schools of practice is equally at fault.

The records of phenomena observed during experimentation with drugs on the healthy human body are universally known to include symptoms not attributable to drug action. These records, therefore, cannot be accepted as such in the construction of a pure *materia medica*. In other words, pathogenetic records and *materia medica* are not one and the same thing, whatever we have been accustomed to consider them. If we are ever to possess a "pure *materia medica*" we must begin by recognizing this distinction practically. The homœopathic profession of the world must coöperate as a unit in the work of deciding, under well-defined philosophical principles, not which of our provings and symptoms are spurious, but which of them are certainly genuine. The provings and symptoms thus attested must be designated by some special sign, to be afterwards published, either separately or in association with other symptoms, as our further knowledge or the demands of the profession may seem to suggest. But whether published separately or otherwise, these attested symptoms should always carry with them the sign of their recognized authenticity. Symptoms deemed not to have demonstrated their genuineness would simply retain the place they now occupy as part of the records of pathogenetic experiments ("provings" if you must retain this incorrect word), but not as yet constituting a part of the recognized and

authenticated *materia medica*; and retaining unrestrained opportunity to establish their verity at any time in the near or distant future.

And now, the issue that has confronted the homœopathic profession from time immemorial will need to be modified. We shall no longer ask ourselves the question: "How shall we distinguish the genuine symptoms from the spurious?" but our problem will be a far easier and more satisfactory one: "How shall we distinguish the symptoms which *we know* to be genuine from those which *we do not know* to be genuine?" And the first question to be solved is the one which constitutes the title of this paper. We must remember, however, that it is not a question in medicine, but a problem in philosophy. Its final answer must be determined, not by the physician as such, but by the student of the principles and methods of inductive logic. Yet the physician must furnish certain general facts of knowledge, as a basis for the consideration of the logician in his work. Let us examine a few of these facts; but let us, as a preliminary, cite two passages from that magnificent work, "A System of Logic," by John Stuart Mill.

a. "Whatever be the proper mode of expressing it, the proposition that the course of nature is uniform, is the fundamental principle, or general axiom, of induction" (eighth edition, page 224).

b. "The uniformity of the course of nature is the ultimate major premise in all cases of induction" (page 225).

If these two propositions be true — and I have never heard either of them questioned — then the pathogenetic occurrence or phenomenon which is devoid of the element of uniformity cannot be made a premise in an inductive syllogism. In other words, such a phenomenon is outside the realm of induction. Neither science nor art can employ it for any useful purpose. "Like Noah's dove, it flits between rough seas and stormy skies." It can never find a resting place in all the universe of thought or of action.

The following matters of medical fact constitute, in my opinion, the basis on which the question of the purity of

a pathogenetic record or of a symptom must be chiefly determined :—

1. The action of a drug upon the healthy human body under uniform conditions is uniform. Without a settled conviction of the truth of this statement, there could be no homœopathic art.

2. The uniformity of drug action manifests itself in uniformity of pathogenetic symptoms. The experimenter who repeats his test in the same manner will at each repetition obtain a repetition of the symptoms.

These propositions are true as a general statement ; but —

3. The action of a drug upon diverse experimenters is marked by diversities in the resulting symptoms.

4. Repetition of the pathogenetic test by each experimenter will produce a repetition of the symptoms first obtained by each.

These also are statements of a general truth. There is a diversity in the uniformity ; and there is also a uniformity in the diversity.

5. In tests made by diverse experimenters there will be uniformities of symptoms as well as diversities ; and the former will far outrank the latter, both in number and importance.

To this latter proposition there may be an occasional exception, but it will be due to idiosyncrasy or to some marked peculiarity of the experimenter's organism or of his environment.

6. An idiosyncratic experimenter may, and probably will, elicit symptoms largely at variance with those obtained by others. But his repetition of the experiment will exhibit the same uniformity in the idiosyncratic symptoms as in those more commonly observed.

7. When a symptom — idiosyncratic or otherwise — obtained by an experimenter cannot be reproduced by his repetition of the experiment or by any other experimenter, it is not to be safely attributed to the action of the drug, but to some other influence ; with the following exceptions :—

a. A symptom exhibiting strong resemblance to the generally obtained results of the drug's action — that is, in its

modality, or its locality, or in some other quality — must be regarded as presenting evidences of genuineness, even though it has not been reproduced.

b. A symptom exhibiting physiological relation to a part or organ on which the drug is known to exert its specific action should not be ruthlessly rejected, even though it may have been obtained in but a single experiment.

These are some of the facts, observable by medical investigators, on which to base the rules and methods of determining the genuineness of our provings, and of the separate symptoms composing them.

It must be borne in mind that the proving of a drug bears relation to the following subjects of consideration: the quality (physical, chemical, and dynamic) of the drug; the quality (including the susceptibility) of the experimenters; the environment and habits of the experimenters; the conduct of the proving (including the form or preparation of the drug, its dose, its repetition, time of administering, etc.); and the notation of the symptoms, their times, periods, modalities, etc. Every one of these factors is a legitimate and necessary subject of scrutiny and professional criticism; and I may say that the conduct of the proving seems to be the one most in need of it, and the one which has received less than any of the others.

In the work of proving a new drug, the following method should be insisted on: *First*, preliminary tests should be made on a number of persons to ascertain the largest dose which can be taken without serious inconvenience or danger. Then the individual experimenter should take this dose and watch its results until its effects had passed entirely off. Then, after a sufficient period of recuperation had been enjoyed the experiment *should be repeated without the slightest deviation*, in any particular, from the method of the first experiment. This process should be repeated, I should say, at least five times. Then the results of the five experiments should be carefully studied and their uniformities and other harmonies noted.

Secondly: A series of similar tests should be made by at

least a score of experimenters. Each experimenter's records should be compared separately, as already described, and finally, the records of the whole twenty should be made the subject of a rigid scrutiny by several physicians skilled in the knowledge of drug pathology. The records should be published first, this being followed by such comments of the examiners as might be deemed helpful to a study of the drug.

This series of experiments should be followed (never preceded) by two others. One should consist of tests on a new set of experimenters with a dilution — not higher than the first, second, or third decimal — conducted in the same manner and subjected to the same exactions as to the resulting uniformities of symptoms by each prover and by the whole twenty of them. Any lack of a striking uniformity, as well as a general one, should be sufficient reason for withholding the records from publication till further experiments could be made.

The remaining series of experiments should consist in the administration of relatively small and but slightly effective doses, at short intervals and continued for a considerable time; the object being to determine the more sub-acute or chronic form of the effects of the drug upon an organism saturated with it. If the drug were like many others, we should thus obtain a strikingly different class of symptoms. But these, like the others, should be designated by some special sign to enable the homœopathic prescriber to distinguish them from those obtained by the other methods.

From the considerations set forth in this paper, it is suggested that the symptom seeking admission to the recognized materia medica should furnish the following evidences of qualification: —

1. It should be attested by credentials showing that it had been obtained by experiments conducted under intelligent supervision and direction.
2. It should have been elicited by an experimenter possessed of good health at the beginning of the experiment and throughout its progress.

3. It should be accompanied by an authenticated statement showing in detail all the particulars of the method by which the experiments were conducted.

4. It should have been obtained by at least one experimenter who could demonstrate his ability to reproduce the symptom at pleasure, or else —

5. It should be shown to have occurred in the progress of multiple experiments exhibiting distinct evidences of uniformity in their pathogenetic results ; and it should be shown to constitute a part of said uniformity.

6. It should be accredited with the essential element of uniformity if it showed congruity with the general effects of the drug, either in its quality, its locality, its modality, or in its undoubted physiological relation to an organ or function known to be specifically and strongly affected by the direct action of the drug.

7. It should be shown to constitute a part of a more or less complete symptomatology of the drug.

ILIO-COLITIS.

BY D. W. VAN DER BURGH, FALL RIVER.

[*Read before the Massachusetts Homœopathic Medical Society.*]

Ilio-colitis is both acute and chronic. The acute form is usually ushered in with slight chilliness, or a chill-malaise for a few days preceding the attack, diarrhœa, with some fecal matter in the first few stools, followed by watery movements with more or less mucus, accompanied by colicky pains. The face early shows the effect of the disease; the drawn look caused by exhaustion and crampy pains, the sunken eyes, the Hippocratic expression and clammy sweat which sometimes appear before death, only emphasize Nature in her last struggle for life.

The tongue is coated with a thin, whitish fur, but later on may become raw on the edges or dry and shiny all over. Thirst soon manifests itself, and when the stomach is also involved with the upper bowel, water may be thrown up as fast as swallowed. The appetite is usually diminished or

lost, though when the lower bowel is mostly affected there may be desire for food, and in the later stages the ravenous appetite of starvation.

Nausea and vomiting are more frequent as a rule when the disease is centred high up in the canal than when lower down, in which case one is more likely to have tenesmus. Tenderness more or less is apt to be felt over the abdomen, especially along the course of the colon. Tympanites is likely to occur later on. The number of stools varies with the intensity of the disease, but generally there will be from four to eight in twenty-four hours. The character of the stools varies from watery and fecal to mucous and bloody.

The color of the stools changes from light yellow, dark green, and brown to tarry blackness; blood which passes may be from the efforts to evacuate as well as from the intense hyperæmia of the canal.

The sour smell which is often present, both in the breath and stool, is an indication of fermentation in the bowels, frequently the original cause of the disease.

In ordinary cases there is fever in the beginning, but it is likely to subside. It is not characteristic unless it be associated with typhoid fever or tuberculosis. Any later accession of fever would point to further complications or extension of the disease.

Pain is quite a common symptom, *gripping* and *colicky*, about the umbilicus, the sides of the abdomen, and along the course of the colon. *Paroxysms* of pain usually precede, and are relieved by evacuation of stool.

There may be restlessness, sleeplessness, delirium, jactitation of muscles, convulsions, and conditions of reflex irritation such as would lead one to suspect absolute organic disease of the brain.

The symptoms of chronic ilio-colitis are more or less those of the acute. The activity is less, in most cases, but the danger is greater. The conditions and character of the stools are somewhat different; there may be a constipated condition in the upper part of the canal, with a catarrh below.

The dejections may be of a fibrinous nature in the form of casts and ribbons, especially in the diphtheritic type, or where extensive sloughing of mucous surfaces is present.

The diseases that one would be likely to confuse with ilio-colitis are cholera infantum, typhoid fever, and diphtheria. One would distinguish it from cholera infantum by the peculiar dejections, the persistent vomiting, and the intensity of the latter disease. The only definite thing to distinguish it from typhoid would be the discovery of the typhoid bacillus, though the characteristic eruption and the thermometrical waves, together with the greater tenderness over the region of Peyer's glands, would assist in the differential diagnosis. From diphtheria one would discriminate it by the general milder form of attack, the throat symptoms, and the glandular swellings, as well as by what the microscope might reveal. The membranous discharges and pus would distinguish an acute from a chronic attack, but would not a diphtheritic from a tubercular variety. Here again one must depend upon the microscope.

In some cases of measles and whooping cough, a condition obtains which renders necessary caution and close attention to the history of the case to prevent an error in etiology.

THE LOCATION FOR A STATE HOMŒOPATHIC HOSPITAL.

BY N. EMMONS PAINE, A.M., M.D., WEST NEWTON, MASS. -

Twenty-five years have passed since the first State Homœopathic Hospital for the Insane was opened at Middletown, N. Y. Its success was soon established, from whatever point the critic viewed it. The view that has always been studied and that has most captivated us as homœopathic practitioners has been the percentage of cures. And this percentage, always far in excess of all neighboring institutions, has not only shown a continual justification of its existence, but has incited our colleagues elsewhere to possess similarly successful hospitals in other States. Their efforts have brought

forth homœopathic institutions in Massachusetts, Minnesota, Michigan, California, and elsewhere, and in every year of the past decade, efforts have been made in other States that have failed by so very little that it must be a strong temptation to try once more for the success that will surely come to persistence and united action. As the desirability of a hospital is already freely acknowledged in every one of the States where homœopaths are numerous, and as they will appear one by one during the coming years, it is very important that every one of them be given the best possible location.

To obtain a charter is one and the first step ; to select the most advantageous place is the next step and a vital one for all time. It is because this fact is not recognized, and because serious mistakes have been made so frequently, that your attention is called to some personal observations on this subject.

Let us suppose that a new hospital has been created in some State where repeated efforts have previously failed. Let us hope that the petition has been granted because of the just regard for the homœopathic taxpayers of that State, and because of a willingness to give our school an opportunity to prove our claims of superiority of medical treatment. Having this solid foundation, let us trust that a carefully selected body of trustees has been appointed to select a site, to construct the buildings, and to direct the hospital after completion. This plan will certainly give the best results. But there may have been three factors working in the legislature ; in a word, politics, geography, and locality.

Of politics, so called, the best that can be said is, that it may be helpful in obtaining a charter and an appropriation ; but it is baneful if it influences the appointments of trustees, the selection of a site, and the management of the institution. It certainly besmirches and destroys wherever it touches our public charitable institutions, and no philanthropic efforts can thrive under its assistance and protection.

The second factor influencing legislation may be the geographical division of the State. There may be, for instance, a hospital in the northern, the eastern, and the southern por-

tions, and the law-making authority may choose to place the next hospital in the western portion of the State, even when sparsely populated. Such a location would be of little value to the homœopaths, who might be in large numbers in the eastern counties and hundreds of miles from the new hospital.

The third factor, locality, may influence legislation, or it may not appear until later ; but it has happened a number of times that the inhabitants of a city or village, wishing to obtain the advantages of a large institution in the community, have offered money or land as an inducement for its location in the neighborhood. To accept such an offer might be advantageous or detrimental, when judged by considerations that will soon appear.

We now reach that portion of our subject discussed in books on architecture, sanitation, and medicine. Innumerable writers have explained the need of light, air and water, the best soils, the advantages of hilltop or hillside, accessibility to roads and to railroads, and many other items entering into the choice of a location that need not be repeated at this time. Let me advise those wishing to read further of these details to obtain the Middletown Hospital Report for 1896 and be charmed with Dr. Talcott's felicitous expressions of experience and advice. While it is not the purpose of this paper to explain all these items and many others not enumerated, because they may be found in books so readily, it must not be thought that they do not deserve the fullest consideration. Every item is important, and, if neglected, might handicap or ruin any institution. If any one investigating the subject will visit a large number of institutions and will read their reports for some years after the buildings are occupied, he will discover many errors of location and endless errors of construction. He would find an institution with 600 patients so located as to have no natural drainage, where all the sewage, amounting to 60,000 or 80,000 gallons a day, must be pumped over a ridge, at a cost of \$1,200 or \$1,500 a year. He would find a hospital with 1,200 patients, near a river, the abundance of water having determined the choice

of the location, where dozens of persons have sickened and many died before it was discovered that the water was contaminated, and a new supply was obtained from a company at a cost of \$2,800 a year. He would find another hospital built to accommodate 1,000 patients, where wells driven near a river about the time of opening the hospital were found to furnish an inadequate supply of water and were abandoned, and water was obtained from a company at large expense every year. He could visit more than one hospital on a hill, inaccessible to railroads, each using 5,000 tons of coal a year and paying fifty cents a ton for cartage, or \$2,500 a year, not for coal, but for the delivery of the coal from the station to the engine house. There are many other similar instances that are well known, and a recital of them would entertain if not instruct any body of men ; but it would be a deviation from our chosen subject, and cannot be permitted at this time.

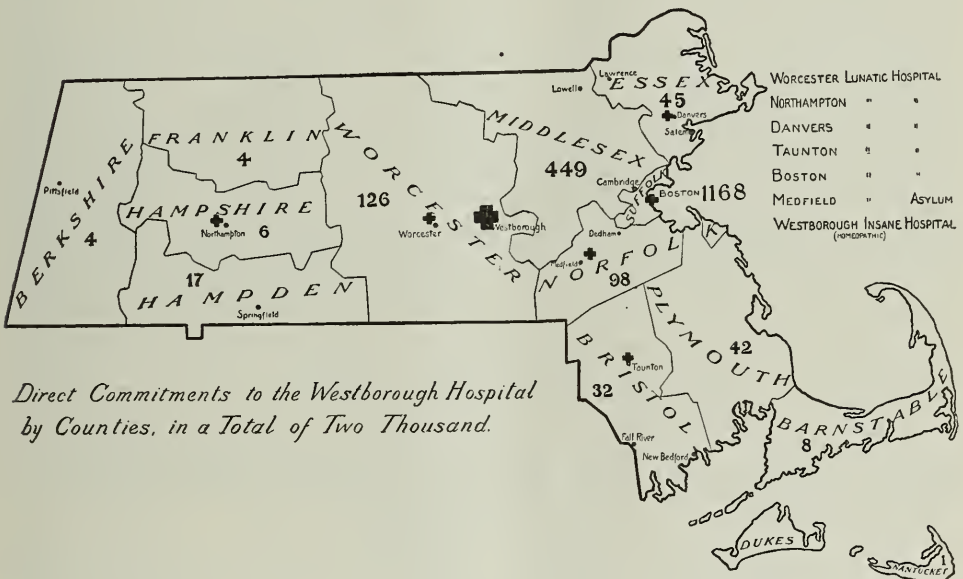
All of these and many other faults of location could have been avoided. All of these add to the cost of maintenance, and when joined with faulty construction, the expense of carrying on an institution may be so great as to make it impossible for any body of trustees or any superintendent to ever make it financially successful. A judiciously economical administration is just as essential in a large hospital as it is in a business. This fact ought to be particularly emphasized, for it is seldom considered when deciding upon a site for one of these public buildings.

Up to this point our discussion has been general, and concerns all institutions ; but now comes the vital question, the one that concerns us as homœopaths, and that ought not to be forgotten when selecting sites for the homœopathic hospitals of the future. The fact is, that we, as a school, have been supposing all these years, that if a hospital could be obtained and located somewhere in a State, it would receive homœopaths from not only its own neighborhood, but from the remotest corners of the State. That belief is a fallacy, and it has been disproved by the records of our hospitals, as you will see.

We shall find that a well-conducted homœopathic hospital

have been committed directly to Middletown and Westboro, in a total of 2,000 admissions. At Middletown the first 2,000 direct commitments were selected, and, at Westboro, the second 2,000. This number, 2,000, was chosen because it was deemed large enough to show the truth. Many persons were received in both hospitals who were transferred from other institutions. They are excluded from our figures because their going to these two hospitals was not volitional with them or their friends, as we presume to be the case in direct commitments.

On both maps will be noted some red crosses. They indi-



cate State Hospitals for the insane. They are introduced in order that one may satisfy himself how small is the number who pass them to reach a homœopathic institution.

It is necessary, just here, to explain that the Fergus Falls Hospital is omitted from our consideration, because its statistics would be valueless. That hospital provides for a district perhaps one third of the State of Minnesota, and all the insane of that section must be sent to it regardless of their medical preferences. While this requirement may seem unjust to the old-school adherents of that district, the injustice is evidently regarded as counterbalanced in the other two

sections of the State, where the old-school hospitals receive all the insane, although some of them might prefer to go to Fergus for homœopathic treatment.

Some explanation is necessary in regard to Westboro. It is in reality a homœopathic hospital for the whole State. Massachusetts is divided into four districts: Danvers provides for the northeastern, Taunton for the southeastern, Northampton the western, and Worcester the central, while Westboro is expected to receive the homœopaths of the whole Commonwealth. The county of Suffolk, or Boston, is not included in any of these districts, and it was expected that its insane would be directed to the nearest hospitals, including Westboro, in rotation, or as vacancies existed, by the State Board of Lunacy and Charity. In accordance with this provision, Westboro has received two classes of patients, those who demanded homœopathic treatment, and those residents of Boston who were sent to it, as if to a district hospital, without regard to their medical preferences. For this reason, probably not more than one half of the 1,168 admissions from Boston can be classed as homœopaths, the remainder having been sent there because of its fortunate proximity to Boston—a distance of only thirty-two miles. As Dr. Adams writes in commenting on these figures: "I think it shows very clearly how location influences those who send patients to insane hospitals."

If we turn once more to Middletown, we shall have our most striking illustration of the influence of location upon admissions. There we have a hospital without a superior, in any respect, among the State hospitals of this country. It is, however, sixty-six miles from the great city of New York, and our figures show that even that distance has been a disadvantage. We find in an atlas of 1889 that the population of New York County was 1,206,577. We know that it had about 300 homœopathic physicians; and yet, the commitments amounted to only 357 in the 2,000 we selected. On the other hand, we find that Orange County had a population of 88,217, and its contribution to Middletown was 410 patients, over one fifth of the whole number, because it is

the county in which the hospital is located. In Dr. Talcott's note accompanying the statistics he writes: "You will observe that the majority of the patients came from a radius of seventy-five miles from Middletown, although we have a possible partial radius extending westward about 400 miles."

Now that we have examined the statistics of the Middletown and Westboro hospitals, have heard the testimony of the superintendents of both institutions, and are acquainted with the opinions of others who have had similar experiences, we must be convinced of the fact that comparatively few patients will journey more than fifty or seventy-five miles to reach one of our hospitals. Is not this the right time and the right place to recognize this truth? If the members of this national association will carry to all parts of the country this knowledge, the experience of our alienist authorities, that proximity is more important than "pathy," they will prevent many errors in the coming years, and will secure such locations for our future hospitals that the laws of nature shall be for us and not against us.

NEW YORK. — TABLE I.

County residence of first 2,000 patients admitted to the Middletown State Hospital:—

Albany	47	Kings	138	Richmond	62
Allegany	2	Livingston	5	Rockland	50
Broome	18	Madison	11	St. Lawrence	6
Cattaraugus	1	Monroe	13	Saratoga	16
Cayuga	13	New York	357	Schenectady	3
Chautauqua	5	Niagara	2	Schuyler	3
Chemung	13	Oneida	10	Steuben	23
Chenango	12	Onondaga	50	Suffolk	98
Columbia	3	Ontario	5	Sullivan	104
Cortland	8	Orange	410	Tioga	47
Delaware	38	Oswego	1	Tompkins	3
Dutchess	26	Orleans	2	Ulster	28
Erie	18	Otsego	12	Warren	14
Fulton	1	Putnam	1	Wayne	9
Genesee	1	Queens	38	Westchester	38
Greene	3	Rensselaer	32	Yates	1

NEW YORK. — TABLE II.

Proportion of insane to population of each county : —

Albany	I out of	3,295	Allegany	I out of	20,965
Broome	I „	2,749	Cattaraugus	I „	55,806
Cayuga	I „	5,006	Chautauqua	I „	13,038
Chemung	I „	3,312	Chenango	I „	3,324
Columbia	I „	15,976	Cortland	I „	3,228
Delaware	I „	1,124	Dutchess	I „	3,045
Erie	I „	12,215	Fulton	I „	30,985
Genesee	I „	32,806	Greene	I „	10,898
Jefferson	I „	22,034	Kings	I „	4,322
Livingston	I „	7,912	Madison	I „	4,010
Monroe	I „	11,145	New York	I „	3,098
Niagara	I „	27,066	Oneida	I „	11,547
Onondaga	I „	2,355	Ontario	I „	9,908
Orange	I „	215	Oswego	I „	77,911
Orleans	I „	15,064	Otsego	I „	4,283
Putnam	I „	15,181	Queens	I „	2,314
Richmond	I „	628	Rensselaer	I „	3,635
Rockland	I „	553	St. Lawrence	I „	14,332
Saratoga	I „	3,447	Schenectady	I „	7,846
Schuyler	I „	18,842	Steuben	I „	3,373
Suffolk	I „	541	Sullivan	I „	312
Tioga	I „	493	Tompkins	I „	11,481
Ulster	I „	391	Warren	I „	1,798
Washington	I „	9,574	Wayne	I „	5,744
Westchester	I „	2,867	Yates	I „	21,087

Proportion of total insane to population of whole State :
 $5,082,871 \div 14,111 = 1$ to each 360 persons.

MASSACHUSETTS. — TABLE III.

County residence of 2,000 patients admitted to the Westboro Insane Hospital consecutive from No. 2,000, excluding the transfers, and beginning in January, 1892, and ending in October, 1898 : —

Suffolk	1,168	Essex	45	Barnstable	8
Middlesex	449	Plymouth	42	Franklin	4
Worcester	126	Bristol	32	Berkshire	4
Norfolk	98	Hampden	17	Nantucket	1

MASSACHUSETTS. — TABLE IV.

Proportion of insane to population of each county :—

Suffolk	1 out of	462	Hampden	1 out of	8,331
Middlesex	1 „	1,073	Barnstable	1 „	1,796
Worcester	1 „	2,115	Hampshire	1 „	6,944
Norfolk	1 „	1,288	Franklin	1 „	6,473
Essex	1 „	7,054	Berkshire	1 „	14,301
Plymouth	1 „	2,184	Nantucket	1 „	3,142
Bristol	1 „	6,200			

Proportion of total insane to population of whole State :
 $2,304,700 \div 6,768 = 1$ to each 340 persons.

Before closing, let us group together a few conclusions that ought to be kept in mind.

First, before locating a new hospital seek advice from one of our veteran superintendents.

Secondly, do not allow politics or the desires of a community to obscure the real question — the permanent welfare of the institution.

Thirdly, place the hospital, if possible, near a homœopathic medical school, to which it may furnish much valuable clinical material.

Fourthly, begin with a small appropriation and a small hospital, and then let it grow naturally and develop its own characteristics.

Fifthly, after satisfying yourselves of a location, as to its soil, water, exposure, and the other questions that occur to all builders, try to provide also for future economical administration.

Sixthly, as we shall have, probably, only one hospital in any State, place that one within twenty miles of the largest city of the State, where access will be easiest for the patrons of the greatest number of homœopathic physicians.

And, finally, remember that proximity and the pocketbook are more potent than “pathy.”

EDITORIAL.

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

TRIBUTE TO THE LATE DR. I. T. TALBOT.

BY DR. H. C. CLAPP.

[Read before the Faculty of Boston University School of Medicine.]

Mr. President and Fellow Members of the Faculty of Boston University School of Medicine:—

The second time within nine months we are called upon to mourn the loss of one of our original members, who was also one of the original members of the Executive Committee; that committee which has had the immediate and detailed conduct of the affairs of the school. Dr. Talbot was the chairman of this committee, and Dr. Smith its secretary, from the organization of the school until death relieved them from its responsibility. The original members of our faculty are now so few that the loss of any one of them stands out in bold relief. Only three are left who entered the ranks of the faculty at the beginning and have served continuously ever since—Drs. Conrad and Walter Wesselhoeft and Dr. Boothby. Our Dr. Colby started at the beginning, but after a few years' service dropped out for a while, to resume it at a later date. The writer declined a position at the outset in order to take an active part in organizing and conducting the college dispensary, where he gave clinical instruction for four years, when his name began to appear in the list of the faculty.

Every one of us can testify that Dr. Talbot was the originator, the founder, the organizer, the conductor, the soul and the very life of the college. Possibly without him it might have been born, but surely the infant could never have been so lusty, its growth so phenomenal, its maturing so ripe, its influence so widespread. He loved it as the apple

of his eye ; he worked for it as no one else could or would have worked. He understood its importance as a factor in developing the growth of homœopathy. He recognized the fact that the prime reason for the slow growth of homœopathy across the water is the absence of its medical schools chartered by the government ; and that the greatest reason for its superior growth here in the United States is the presence of these chartered schools, licensed to confer the medical degree. He justly saw that the condition of homœopathy in New England would depend to a tremendous extent on whether or not we had a good school in Boston ; and he has of late years taken a proper pride in the success and general standing and influence in the community of our numerous graduates, not only in New England, but also all over the civilized world, to say nothing of its uncivilized part.

Now what was the secret of Dr. Talbot's success, not only with reference to our Boston University School of Medicine, but also in our societies, local, state, national, and international ; in our dispensaries ; in our hospitals, especially that of which he was the director at the time of his death ; and in relation to all the public enterprises with which he was connected ? With good natural powers in other directions, with sound common sense and a good balance wheel, his chiefest characteristics and endowments were a *marvellous executive ability, a constitution tough as iron, and not only a willingness but also an eagerness to work*. I might add also a capability for infusing into others some of his own willingness to work ; for it was hard to stand by him and to hear of all that needed to be done without being roused somewhat from one's own lethargy, and without pitching in to the extent of one's powers. Often would we cry out, "Yes, 'the spirit is willing, but the flesh is weak.' " Until the last three or four years his flesh never seemed to weaken. He never seemed to need rest. He was always the tough and valiant war horse, ever ready for the fray. In spite of our predictions, he never did break down for years and years — until lately ; and it has been very hard of late to see the old

steam engine (for such he surely was), still full of steam, still aching to go, but crippled by injured machinery, engaged in the greatest of repressive conflicts with himself.

I have known him intimately for more than thirty years. I have watched this tremendous capacity for work, lasting day after day, and far into the night. Without this, all of his acknowledged ability would have been far less fruitful. The encouragement to our younger physicians from his example, then, is great. There is still and will always be much to do, and by a proper conservation of one's forces by morality, temperance, self-control, and proper living, with a willingness to work, even without his ability, much can be done.

Dr. Talbot, from his tremendous "push," from his willingness to fill every gap or to lead the van, if victory might follow in the cause of homœopathy which was so dear to him, has sometimes been accused of selfish ambition. This I know, and all of us who have known him intimately know, to be false. If he had been only a seeker of self, and had confined himself to his medical practice, with his particular qualifications, I am sure that he might have had one of the largest incomes that any medical man ever enjoyed in Boston. I will not say that he might have become *rich*, because that in these days is hardly possible for any honorable physician who has started with nothing.

That he appreciated the results of his efforts, and had the satisfaction of enjoying the many good things that had come to the cause through them, is only natural. Who could begrudge this to him? Only the envious man, who hankers after a wide reputation, but is not willing to work for it.

Another of Dr. Talbot's many claims to our gratitude is his successful work for many years as a peacemaker, in harmonizing conflicting elements and pouring oil on the troubled waters. While physicians in some cities and States have been torn asunder by acrimonies, we have dwelt together in comparative peace.

His tact in dealing with men was remarkable. He exerted a powerful influence on them, and sometimes without their being conscious of it; and his influence was always in the

direction of the wise and good. He practically demonstrated over and over again that by dwelling together in harmony and in brotherly love, we could accomplish far more in building up the cause than when fighting each other.

Another characteristic was his real kindliness of heart. He delighted in helping others along. He always had the outstretched hand for the relief or advancement of many in the profession, for which they will ever feel grateful.

Many, many other noble traits and good qualities have to be omitted from this tribute for lack of space and time. Those of us who have known him well have loved him, have respected him, have admired him. We have lost a true friend, we have lost a *nobleman*.

**ACTION TAKEN BY THE CONSULTING BOARD OF
WESTBORO INSANE HOSPITAL UPON THE
DEATH OF DR. I. T. TALBOT.**

We, the members of the Consulting Board of the Westboro Insane Hospital, shocked and profoundly saddened by the sudden loss of our honored chairman, Dr. I. Tisdale Talbot, desire to express our grief and our sense of personal bereavement in the sundering of the close ties which have so long united us as men, as physicians, and as coworkers upon this Board; as well as our keen realization of the loss to this institution of his wise counsels, his ever-active interest, and his ripened experience.

We desire, also, to tender to her who labored with him for the welfare of this hospital, as in many other fields of usefulness, and to the other members of his family, our sincere and heartfelt sympathy.

HOWARD P. BELLOWS,
CHARLES L. NICHOLS,
JOHN PRENTICE RAND,

For the Board.

SPECIAL MEETING OF BOSTON UNIVERSITY SCHOOL OF MEDICINE.

A special meeting of the Faculty of Boston University School of Medicine was held at 11.30 A.M. Wednesday, July 5, 1899, to take action on the death of Dr. Talbot. W. F. Warren, President of the University, presided.

On being asked to read the call for the meeting, Dr. Sutherland said as follows : —

“Fellow Members of the Faculty of Boston University School of Medicine : —

“It is, I am sure, with sorrow in our hearts that we are gathered together to-day. Another example of the uncertainty of human life and its inevitable cessation is brought vividly before us by the sudden removal from our midst of one whom we have grown accustomed to look upon as *essential* to the welfare of our school, or one whose many good qualities, whose excellent judgment, whose foresight, whose tact, whose energy and fearlessness, made him a veritable tower of strength in our midst, — our Dean, Dr. I. Tisdale Talbot. It is impossible for us yet to realize our loss, to measure the magnitude of our deprivation. Personally, I find it almost inconceivable that death has claimed Dr. Talbot, and that we are to have him with us in the future only as a memory, present with us only in the results of his arduous labors. I can attempt no eulogy, no analysis of his character, no estimate of his accomplished work, no biographical sketch. These things are for another time and place. We have met to take such action as may seem appropriate to the occasion which calls us together.”

President Warren then made brief eulogistic remarks, after which he called for a report of the Committee on Resolutions, which had been previously appointed by the Executive Committee. Dr. N. Emmons Paine in response read the following : —

“WHEREAS, In the providence of God, we find ourselves called to mourn the passing from among us of our leader,

colleague, and friend, the Dean of Boston University School of Medicine, ISRAEL TISDALE TALBOT ;

“ *Therefore*, Be it resolved :

“ 1. That we, the Faculty of Boston University School of Medicine, do hereby desire to record our conviction that in the death of Dr. Talbot the school loses the man to whom, under Providence, it owes its being ; the man to whose keen insight, strenuous grasp of affairs, untiring energy and marvellous executive ability, it owes, in great measure, alike its foundation and its safe guidance through the difficulties of the early years of its existence.

“ 2. That in the death of Dr. Talbot, the Faculty of Boston University School of Medicine lose a leader, to whose wise counsels, able direction, and friendly encouragement the Faculty owe incalculable help and inspiration in their work during the entire period of the school’s life.

“ 3. That it is the desire and purpose of the Faculty of Boston University School of Medicine, that the name of Dr. Talbot be ever kept in living and hearty remembrance in the traditions of the school, and in the memory of its Faculty and of its students ; and that his work and influence as founder and as Dean, shall remain a cherished heritage.

“ 4. That a copy of these resolutions be presented to the family of Dr. Talbot, with the assurance of the sincere sympathy of the Faculty of Boston University School of Medicine, in their great bereavement.”

Drs. Conrad, Wesselhoeft, and Horace Packard then made a few remarks, referring briefly to some of Dr. Talbot’s characteristics, and making the suggestion that memorial services be held at some later date when appropriate biographical sketches, eulogies, etc., might be presented. After a little discussion a Committee on Memorial Services was appointed, being the Executive Committee of the school.

Dr. Herbert C. Clapp then (by request) presented the tribute which appears on page 374 of this issue.

The meeting then adjourned to unite with representatives of the Massachusetts Homœopathic Medical Society, the

Boston Homœopathic Medical Society, and the Massachusetts Surgical and Gynæcological Society. This meeting was presided over by Dr. Frank C. Richardson, President of the Massachusetts Homœopathic Medical Society, assisted by Dr. Windsor of the Boston Society and Dr. Briggs of the Massachusetts Surgical and Gynæcological Society. After briefly stating the reason of the meeting, Dr. Richardson called upon Dr. Conrad Wesselhoeft for remarks appropriate to the occasion. Dr. Wesselhoeft was followed by Drs. Benjamin West, Horace M. Paine, Francis H. Krebs, J. H. Sherman, Alonzo Boothby, H. C. Clapp, Adeline B. Church, Henry E. Spalding, H. L. Chase, Martha E. Mann, Sarah S. Windsor, J. Emmons Briggs, A. L. Kennedy, Emma J. Peasley, and Frank A. Davis.

In these remarks references were made to Dr. Talbot's enthusiastic devotion to homœopathy, to his wonderful ability as an organizer, to his skill as a surgeon, to his tact as a peacemaker, to his warm-heartedness as a friend, to his indomitable will, tireless energy, and optimism.

Committees on resolutions were then appointed for the three societies, after which it was voted to make the Executive Committees of these societies a joint committee, with representatives of other institutions and societies to formulate plans for memorial services to be held some time in the future, the time, place, and program to be settled at a later date.

The funeral services were held in Trinity Church, Boston, July 5, which the Faculty attended in a body.

SOCIETIES.

REPORT OF AMERICAN INSTITUTE OF HOMŒOPATHY.

The fifty-fifth annual meeting of the American Institute opened auspiciously on June 20 at Atlantic City, the meeting opening in the Casino on the steel pier at 4 P.M.

The afternoon session was occupied chiefly by the report of the Treasurer and various committees. The exercises in the evening, with President Bailey in the chair, began with an invocation by the Rev. William Aikman, D.D., of Atlantic City, after which Miss Isabella H. Rotholz sang a solo from Meyerbeer's "Robert Le Diable."

Mayor Thompson made a graceful speech extending a hearty welcome to the visitors, and a second address of welcome was delivered by Dr. Alfred W. Bailey, chairman of the local committee. Both created a good impression.

The principal address of the evening was that of the President. It was listened to throughout with deep interest, and when he concluded the speaker was greeted with hearty applause.

The recommendations made by the President for the good of the Homœopathy were as follows: "I recommend the appointment of a committee by the American Institute of Homœopathy and the placing of a reasonable amount of money at their disposal to make a beginning in the work which we have reviewed by carrying on, during the coming year, the reproofing of a certain number of our old remedies, the same to be done with a view to studying by the microscope and by the chemical laboratory. In order that this may be done accurately, I recommend that there be enlisted in the work the most careful observers, and that the provings be carried on through the use of subjects selected on account of their special fitness, kept under proper surveillance and paid for their use. In this way, and this only, can we improve our *materia medica*. . . .

"Believing that our work should be more definitely outlined, that we should thresh less old straw and seek more to improve, becoming better conquerors of disease, it seems to me that it would be wise if the American Institute of Homœopathy would determine something of the work that it desires its sections to do, outlining for them certain lines of investigation which they desire them to make during the year, that we may hear their reports and learn something truly new as the result of original investigation, when we meet in annual

sessions. That this may be carefully considered, so that we may become an advancing body as well as the strongest upholder of the old faith, is my recommendation. . . .

“ It should be the duty of the American Institute to gather together and publish each year the statistics of our results in all public institutions as compared with the results in like institutions of the old school. This should be done in absolute fairness, and no record should be used which could not be taken from those records which may ever be opened to the public, which are in themselves abundant proof and which cannot be gainsaid. It is at the present time almost impossible for the individual practitioner to secure conclusive statistics in regard to the different public institutions of the country without the expenditure of more time and money than is at his command when the smoke of battle is in the air. I am aware that the chairman of our statistical committee has done remarkable and efficient work. I am aware that the best of work was done in compiling the vital statistics of several cities by Dr. Strickler, of Denver; but the latter was not carried over years enough, for it should have been perpetual, and the former is not comparative in its nature. Let the American Institute take this work in hand, and place at the disposal of its members comparative statistics which are absolutely reliable, which can always be corroborated and never proven false, and regardless of political affiliations or of prejudiced officials, we can demand and receive recognition in our proportionate share of the public institutions of the country. This, if we are refused by the officials the expenditure, if necessary, of a small amount of money, will enable us to cause vigorous agitation and to so place these matters of record before the public that they will demand, and officials must accede; and if we are driven to this necessity the very agitation and publicity which we are forced to give to the honest records of our school, together with the positive statement which I hope we may be able to make, that the American Institute, our national organization, the oldest in the United States, is the only one which is making original and well-defined research, will give to the

people such a new regard and appreciation of the value of our work that it can but redound to the benefit of every individual practitioner of our school.

“Further than this, we must as good citizens, to a certain extent at least, sacrifice self and become politicians and see to it that men who are unjustly inimical to our school are not elected to positions of trust which they may abuse. It is not that we wish to detract from the old school ; it is not that we malign them ; it is not that we lack a friendly interest in their work ; but self-preservation becomes our duty, and the memory that the honest convictions of experience lead us to believe that we bear in our hands a God-given message to mankind, which it is our dearest duty to bear as good tidings to the world. It is not merely for self-aggrandizement, nor merely for personal preferment and profit, but a sacred trust. At the same time that we extend this help to our brethren in the United States it is our duty to remember those who are fighting for recognition and a foothold in our neighboring countries and in the newly acquired possessions of our own country. Only great men and true, who have within their hearts the divine ideals, can go forth and by self-denial and long struggles fight for the establishment of a truth amid persecution and malignment. To them we should give our help. We have fought the good fight, we have won the battle, and to-day homœopathy is the strongest in our country of any country in the world. During the last year our own country has acquired new possessions, not as conquerors, but as protectors of the oppressed ; and it is the destiny of the English-speaking people to reach out and make the lives of those about us better for our presence and our national fraternity. In no one thing can greater work be done for a betterment of conditions than in the promulgation of the doctrines of our school in Cuba, Porto Rico, and the Philippines. In order that this may be done, and that we may fulfil our entire duty, I would recommend that due consideration be given this subject, bearing in mind that for the present, at least, this subject is closely interwoven with that of our recognition in the army, navy, and marine corps of the United

States, as it is altogether probable that it is through this channel we must first make our entrance into these newer acquisitions. Notwithstanding the statement of the Surgeon General of the United States that no discrimination is practised in the army, navy, and marine corps, we know it to be a fact that in times of peace no homœopath need apply. As long as this is true it is our duty to see that the white-winged dove of peace does not hover to any extent over the Surgeon General's office. It is true that the only men who have been admitted from our schools to the army, navy, and marine corps have entered by appointment from the different States and by way of the volunteer troops.

"I recommend that the Legislative Committee of the American Institute be instructed to hold a conference with some members of the United States Senate and House of Representatives, who, it is known, if not particularly favorable to homœopathy, are at least imbued with a sense of honor and justice, and that the question be considered in this conference what action shall best be taken to render positive that we may receive representation in the army, navy, and marine corps. I would further recommend that these instructions be so positive in character that results may be assured. It is useless to say there is no way by which provisions can be made for our fair representation in these departments. Congress is preëminent in its authority in these matters, and its dictum must be followed. It is for us to see that this word is spoken.

"It is only necessary to say in regard to the Hahnemann Monument that through an injustice and a narrow-minded opposition that seems impossible in this day and generation, we were by Congress denied a site for this beautiful monument, which stands completed and ready for erection. I am positive that our monument committee, together with the Washington profession, will see to it that such injustice does not occur at the next session of Congress."

There were present at the Institute between four and five hundred members and some seven hundred guests. Among those from Massachusetts were : Drs. I. T. Talbot ; Conrad

Wesselhoeft ; J. W. Clapp ; Horace Packard ; N. Emmons Paine ; Howard P. Bellows ; George B. Rice ; J. H. Payne ; Hiram L. Chase, Cambridge ; H. B. Cross, Jamaica Plain ; Alonzo Boothby ; Henry E. Spalding ; T. M. Strong ; N. H. Houghton ; J. H. Moore ; Amelia Burroughs ; Helen Childs ; Emma J. Peasley ; J. P. Rand ; N. R. Perkins ; D. W. Wells ; George A. Suffa ; George S. Adams ; Prof. J. A. Rockwell ; A. L. Kennedy ; F. L. Newton, Somerville ; C. W. Scott, Andover ; George P. Dunham, Lawrence ; J. M. Barton, Worcester ; A. M. Cushing, Springfield ; David Foss, Newburyport ; Benj. S. Stephenson, Nellie W. Stephenson, Lowell ; J. P. Sutherland ; Mary Morey Pearson ; F. W. Halsey ; George R. Southwick.

Among the interesting reports were the following :—

Thirty new members were elected, and the Board of Censors reported forty-two more applications for admission to membership.

The report of the Organization Committee showed that there are, in the United States, eight national societies, two sectional societies, thirty-three State societies, ninety-five local societies, thirty-nine medical clubs, and three miscellaneous societies ; eighty-seven general homœopathic hospitals, sixty-eight special hospitals and institutions. In the forty-six hospitals from which reports were received there are 10,930 beds ; 38,956 cases treated, of which 21,269 have been cured, 10,894 improved, 1,839 not improving ; 1,878 died, making the death rate 4.82 per cent, and of this number a very large proportion has been from phthisis. There are fifty-eight dispensaries, where 151,042 patients have been treated and 24,042 outside visits made. There are twenty homœopathic colleges, having 1,598 matriculants, 412 graduates, 12,329 alumni, 333 professors, and 228 lecturers.

The Committee on Medical Education in its report made the following recommendation, which was adopted : “ That the Institute encourage medical teaching in State Universities ; that colleges should be liberally endowed ; that instructors should be salaried where possible ; that no teaching should be permitted except from those specially trained for the re-

spective departments ; and that all colleges should have a uniform curriculum for entrance, intermediate, and final examination and study."

The Resolutions Committee reported back the resolution warning physicians against sending their patients to opticians who have no medical training. Dr. C. H. Vilas, of Chicago, addressed the Institute briefly on the resolution, and said that nearly all the State and local homœopathic societies throughout the country have passed a similar resolution. The resolution was adopted unanimously.

The report of the Inter-Collegiate Committee was presented by Dr. Kippax. Among the recommendations made and adopted was that after the present year all medical colleges shall have a course of four years of not less than seven months each, instead of six months.

The various bureaus, among them the "Bureau of Pedology," presented important papers. Dr. E. R. Snader, of Philadelphia, delivered a very able address on "Physical Signs and their Variation." The address was discussed by Dr. Percy H. Ealer, of Philadelphia. Papers were read as follows: "Catarrhal Pneumonia in Children," Dr. A. M. Linn, Des Moines, Iowa; "Etiology, Pathology, and Bacteriology," Dr. S. Sharpless Hall, Philadelphia, discussed by Dr. W. C. Goodno, Philadelphia; "Symptomatology," Dr. Alison Clokey, Louisville, Ky., discussed by Dr. J. P. Cobb, Chicago.

Dr. L. L. Danforth, Professor of Obstetrics in the New York Homœopathic College, had prepared a paper on obstetrics, but in his absence it was read by Dr. S. W. Hamlin, of New York. Dr. Theodore F. Gramm, Professor of Obstetrics at Hahnemann Hospital, Philadelphia, spoke of "Two Cases of Cæsarean Section."

His paper was discussed by Drs. J. H. McClelland, of Pittsburg; D. G. Clark, of New York; A. M. Cushing, of Springfield, Mass.; O. S. Runnells, of Indianapolis, Ind.; J. N. Mitchell, of Philadelphia; and C. B. Kinyon, of Ann Arbor, Mich.

Among the papers read was one on "Investigations in the

Field of Cytology," by J. Richey Horner, M.D., Professor of Nervous and Mental Diseases, Cleveland (Ohio) Homœopathic Medical College.

"The True Scope of a Hospital for the Insane" was the subject of a paper by Selden H. Talcott, A.M., M.D., Ph.D., Superintendent Middletown (New York) State Hospital for the Insane.

Other papers under the head of "State Hospitals" were: "The Proper Location of a State Hospital," by Dr. N. Emmons Paine, M.D., of West Newton, Mass., and "Progress of the Year in Regard to State Hospital Work," by Dr. Ellen L. Keith, of Framingham, Mass. In the same section were read several papers under the head of "Materia Medica," and treating of homœopathic remedies for nervous diseases.

Under Bureau of Materia Medica (special session) Dr. Felix A. Boericke, of Philadelphia, read a paper on "What should constitute an Official Homœopathic Pharmacopœia," wherein a plea was made for adherence to the old methods of "expression" as used by Hahnemann. In the discussion which followed, Dr. J. W. Clapp, of Boston, advocated the use of modern methods in pharmacy as opposed to old and by-gone ways. The general discussion — participated in by W. A. Dewey, of Ann Arbor, Mich.; H. M. Smith, of New York; T. H. Carmichael, of New York; A. L. Moffatt, of Brooklyn; E. C. Price, of Baltimore; J. H. McClelland, of Pittsburg; O. S. Runnells, of Indianapolis; and Charles Mohr, of Philadelphia — was generally in support of the present Pharmacopœia of the American Institute, and the Institute appointed, later, a committee of nine, with instructions to arrange for the publication of a second edition, with authority to correct typographical or other errors.

"The Relative Therapeutic Value of Primary and Secondary Symptoms" was the title of a paper read by T. C. Duncan, of Chicago.

Dr. J. W. LeSeur, of Batavia, N. Y., made an address on the "Physician a School Sanitarian — Why?" Dr. F. Park Lewis followed with a paper on "The Physical and Mental Conditions of School Life." Papers were also read

as follows : " The Higher Education of Women from a Physical Standpoint," by Julia Holmes Smith, of Chicago ; " The Kindergarten — How Early should Children begin Mental Work ? The Dangers of Overpressure," by W. H. Hanchett, of Omaha, Neb.

" Fatigue and Rest ; the Necessity of their Recognition during School Life," by Dr. N. Emmons Paine, West Newton, Mass. " What Steps should be taken to secure the Construction of Sanitary School Buildings," by Dr. Pemberton Dudley, of Philadelphia.

" Mental Strain in the School Child ; the Foundation laid for Subsequent Neurotic Conditions ; the Necessity of Medical Supervision," by Dr. Selden H. Talcott, Middletown, N. Y. ; " Adaptable School Furniture ; Spinal Curvature produced by Too Low Seats," by Dr. A. R. Wright, Buffalo, N. Y.

An impressive memorial service was held in the Casino. Dr. S. P. Hedges, of Chicago, was Chairman, and, after prayer by the Rev. A. J. Kunkelman, obituaries of twenty-four members, whose portraits were shown by a stereopticon, were read by the necrologist, Dr. H. M. Smith, of New York. Tributes to the dead were pronounced by Dr. A. C. Cowperthwaite, of Chicago, and Dr. Horace M. Packard, of Boston. Dr. J. W. LeSeur, of Batavia, N. Y., made a feeling address, and at its conclusion the entire audience arose and sang a verse of the hymn, " Nearer, my God, to Thee." The soloists were Peter McKenna, who sang " Calvary," and Miss Isabella H. Rothholz, who sang Cardinal Newman's beautiful hymn, " Lead, Kindly Light."

The following officers were elected for the ensuing year : Dr. Charles E. Walton, of Cincinnati, President ; Dr. Joseph P. Cobb, Chicago, 1st Vice-President ; Dr. Nancy P. Williams, Augusta, Me., 2d Vice-President ; Dr. Eugene H. Porter, New York, General Secretary ; Dr. Wilson A. Smith, Chicago, Recording Secretary ; Dr. T. Franklin Smith, New York, Treasurer. Censor, Dr. M. D. Youngman, Atlantic City ; Registrar, Dr. H. C. Aldrich, Minneapolis.

**AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL,
OTOLOGICAL, AND LARYNGOLOGICAL SOCIETY.**

Atlantic City, N. J., June 20. — The twelfth annual meeting of the American Homœopathic Ophthalmological, Otolological, and Laryngological Society adjourned to-day, after holding two interesting and well-attended sessions at the Hotel Dennis. The following officers for the ensuing year were elected : President, Dr. H. P. Bellows, of Boston ; Vice-Presidents, Dr. E. L. Mann, of St. Paul, and Dr. C. J. Swan, of Chicago ; Secretary, Dr. H. D. Schenck, of Brooklyn ; Treasurer, Dr. C. H. Helfrich, New York.

A special Committee on the Relation between the Optician and the Medical Profession submitted a report, which was adopted by the association, to the effect that the encroachment of the optician in the field of practice properly belonging to the medical profession was to be deprecated.

The following papers were read and discussed : “Recent Hydriatics and Local Anæsthetics,” by Dr. Bushrod W. James, of Philadelphia ; discussed by Drs. E. Elmer Keeler, of Syracuse, N. Y. ; Warner and Moffatt, of Brooklyn ; Boynton and Deady, of New York ; Vilas, of Chicago ; Suffa, of Boston ; and Bates, of Hamilton, Ontario.

“Strabismus — The Causes of and Methods for Testing,” by Dr. William R. King, of Washington, D. C. ; discussed by Drs. Halton I. Jessup, of Philadelphia, and Bates, of Hamilton.

“Strabismus — The Optical and Orthoptic Treatment,” by Dr. Walter M. Strong, of Philadelphia ; discussed by Drs. F. Park Lewis, of Buffalo ; James, of Philadelphia ; Rumsey, of Baltimore ; and Linnell, of Norwich, Conn.

“Strabismus — The Surgical Treatment,” by Dr. Harold Wilson, of Detroit ; discussed by Dr. Frank H. Boynton, of New York.

“The Treatment of Some Affections of the Throat Peculiar to Singers and Public Speakers,” by Dr. George B. Rice, of Boston ; discussed by Dr. Fred. D. Lewis, of Buffalo.

"Was it a Case of Sub-retinal Cysticercus?" by Dr. E. H. Linnell, of Norwich; discussed by Dr. James A. Campbell, of St. Louis.

"General and Personal Hygiene in Relation to the Upper Air Passages," by Dr. Herbert W. Hoyt, of Rochester; discussed by Dr. Irving Townsend, of New York.

"Caries of the External Auditory Canal," by Dr. Howard P. Bellows, of Boston; discussed by Dr. Thomas L. Shearer, of Baltimore.

"Electrolysis in Hypertrophic Rhinitis," by Dr. T. Morris Strong, of Boston; discussed by Dr. H. S. Weaver, of Philadelphia.

"The Use and Abuse of Electro-cautery in Nose and Throat Work," by Dr. Irving Townsend, of New York; discussed by Dr. Strong, of Boston.

"A Method of Continued Irrigation in Cases of Purulent Ophthalmia, with Instrument Devised," by Dr. E. Elmer Keeler; discussed by Dr. F. P. Warner, of Canandaigua, N. Y.

The question of deciding the place where the next meeting shall be held was left to the Executive Committee.

GLEANINGS AND TRANSLATIONS.

PURE AIR IN PHTHISIS. — The great advantage of open air or constant supply of pure air in the treatment of phthisis has long been known to and made use of by many practitioners. The late Professor Stokes, of Dublin, used to relate a case illustrative of the healing effects of open air. A gentleman came to his consulting room at the end of autumn. On examining him Dr. Stokes found both his lungs extensively affected with phthisis. "How long do you suppose I have to live?" said the patient. "About three months," was the reply. "Oh, very well, then I know what I shall do," said the patient. Being passionately fond of duck-shooting, he went off to a suitable locality and pursued his favorite sport, which involved constant exposure to cold

and wet, for three winter months. At the end of that time he called on Dr. Stokes, who again examined him, and found him quite cured of his lung trouble. — *Dr. Dudgeon, in the Homœopathic World.*

INGROWING TOE NAIL. — In ingrowing toe nail, if operation is refused by the patient, the introduction of a layer of tinfoil between the nail and the inflamed surface is probably the most effective procedure. — *Medical Era.*

DIET IN ACNE. — The regulation of the diet in this troublesome and so often obstinate affection is now generally admitted to be the most important element in the treatment of the disease. Patients themselves will usually have been trying various dietary experiments along with the ordinary home remedies before consulting a physician. Unless, however, the most explicit directions are given as to the proper diet, serious mistakes will be made by patients in the selection of foods and especially as to its quantity. As Dr. Jackson says, in his "Manual of Diseases of the Skin":¹ "The well-to-do are prone to eat too much, and it is remarkable how rapidly their acne will improve by reducing their diet to the simplest elements. In many of them a milk diet, provided milk agrees with them, will accomplish a marked benefit." On the other hand, many young girls almost starve themselves entertaining the mistaken idea that a low diet will give them a fine complexion. Nothing could well be less true than this. Especially is there a prejudice against butter. The old explanation that skin eruptions were mainly due to the use of too much butter still remains absolutely true for most non-medical people, and even for some medical men. That butter should be used freely and that cod liver oil and iron should be the only drugs required in many cases, as Dr. Jackson insists, would, to these good old conservatives, seem rank heresy. It is evident that more definite ideas as to the diathesis that underlies the etiology of acne have been acquired, and that the dietetic management of

¹ From the third edition of a Ready-Reference Hand-book of Skin Diseases, by George Thomas Jackson, M.D. Lea Brothers & Co., Publishers.

it rather than any empiric use of vaunted specifics constitutes the most modern therapeutics of this extremely frequent and bothersome condition.

REVIEWS AND NOTICES OF BOOKS.

TEXT-BOOK OF OPHTHALMOLOGY. By Ernest Fuchs, Professor of Ophthalmology, University of Vienna. Translated and revised from the seventh German edition by H. Duane, M.D. New York : D. Appleton & Co.

This work of over eight hundred pages is what it purports to be, — a very comprehensive "Text-Book." One is constantly impressed that Dr. Fuchs is talking to him from his own personal experience. The author's ability to tell what he knows in a clear way makes this production a very valuable addition to ophthalmological literature.

The illustrations of pathological conditions with which the book is replete are particularly good, and are in many instances accompanied by a short history of the case. Another point worthy of especial notice is that the amount of magnification of the cuts is given. This is a matter of practical importance, and one which is worthy of more general adoption.

All through the text Dr. Duane has added valuable material, and the chapters on "Heterophoria" and "Refraction" are written wholly by him.

To those of us who feel that our refraction work here in America compares quite favorably with that done abroad this fact will certainly enhance the value of the book.

There is also an appendix giving illustrations of the newer instrument, and special lists of those required for the principal operations. To sum up one might say : It contains immensely valuable material for the oculist, and it is written so clearly that the general practitioner will find it very readable.

D. W. W.

A TREATISE ON HUMAN PHYSIOLOGY FOR THE USE OF STUDENTS AND PRACTITIONERS OF MEDICINE. By Henry C. Chapman, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelphia. New (2d) edition, thoroughly revised. In one handsome octavo volume of 921 pages, with 595 engravings. Cloth, \$4.25, net ; leather, \$5.25, net. Philadelphia and New York : Lea Brothers & Co.

The very difficult task of successfully presenting in a book of moderate size, and in a manner at once practical and comprehensive, both the laboratory and theoretical phases of the subject of physiology appears to have been accomplished in a conspicuously satisfactory manner by Dr. Chapman in the work under consideration. The cuts representing anatomical structures, particularly those relating to histology, are of unusual clearness, and the book mechanically is in every respect a credit to its publishers.

To one interested in the advancement of medical knowledge along the most substantial and conservative lines the introduction will prove very refreshing.

Food, digestion, and absorption are discussed from the standpoint of the most recent developments in physiological chemistry.

The sections devoted to the blood and its circulation are of especial interest. Not only are the composition of the blood, its functions, and the like covered in a most comprehensive manner and thoroughly abreast of the latest studies in this line, but the various mechanical phenomena relative to its circulation are set forth with great care and clearness.

The physiology of the nervous system is exhaustively treated in the light of the most recent inquiries into this branch of medical science.

Respiration, animal heat, the kidneys, urine, skin, and the organs of special sense are each amply and ably discussed.

We could wish that the consideration of the development of the various organs from the human oö sperm to the mature structure had been more complete.

Perhaps the most notable feature of the book is the just importance attached to a knowledge of comparative zoölogy in the study of human physiology, as is evidenced by the brief consideration of this aspect of the subject, as an introduction to almost every section of the work.

In short, it is a book which will not only prove a reliable guide to the student both in laboratory and didactic work, but will also be found a useful reference book for the busy practitioner. A. E. P. R.

THE PRINCIPLES OF BACTERIOLOGY. A Practical Manual for Students and Physicians. By A. C. Abbott, M.D. New (5th) edition, enlarged and thoroughly revised. 12mo. 585 pages. Cloth, \$2.75, net. Philadelphia and New York: Lea Brothers & Co.

The publication of the fifth edition of this work within two years of the fourth gives evidence of its value. The book maintains the high standard of the previous editions. Some of it has been rewritten and additions made,—notably in the parts dealing with technique, disinfection, specific infections, and immunity. The illustrations, to which have been added some new ones, are valuable adjuncts to the text. With these improvements the work is brought thoroughly up to date. As its title implies, it in truth contains the “principles of bacteriology.” The typographical work is good.

S. C. F.

A MANUAL OF OTOTOLOGY. By Gorham Bacon, A.B., M.D., Professor of Otology in Cornell University Medical College, New York; Aural Surgeon, New York Eye and Ear Infirmary. With an introductory chapter by Clarence John Blake, M.D., Professor of Otology in Harvard University. With 110 illustrations and a colored plate. New York and Philadelphia: Lea Brothers & Co. 1898. pp. xii, 398.

This book will not supersede the larger and more elaborate treatises upon the ear which have heretofore appeared. It is not written for the specialist, although even he may gain in the comprehensive grasp of his subject by reading its pages. It is written to fill a distinctive place among the practical handbooks of the general practitioner and of the student of medicine. To the former it furnishes a *résumé* of the entire subject in the light of the latest developments, and although his previous knowledge may have been considerable, it will serve to refresh and systematize it, and bring it well up to the best practice of to-day. To the student it maps out and covers the field of otology in a most practical and satisfactory manner, and supplies not only the requisite amount of information for undergraduate study, but remains a book of ready reference for after years. To these uses the work is admirably adapted and deserves the full favor of the profession.

H. P. B.

LIPPINCOTT'S MONTHLY MAGAZINE. Philadelphia: J. B. Lippincott & Co. \$3.00 a year; 25 cts. a number.

The August *Lippincott* is full of good things; a complete novel by Sarah Barnwell Elliott; some capital short stories; a striking poem, “Two Must Be Two,” by Madge Morris; a paper on “The Court of Judge Lynch” by the gifted writer Maurice Thompson, with one on

"Wireless Telegraphy through Scientific Eyes" by George F. Barker, LL.D., and still another on "The Salon in Old Philadelphia" by Mrs. Wharton. Altogether it is a very bright and readable midsummer number.

REPRINTS AND MONOGRAPHS RECEIVED.

The Treatment of Retrodisplacements of the Uterus. By Hunter Robb, M.D. Reprinted from the *American Journal of Surgery and Gynecology*.

Case of Papilloma of the Ovary. By Hunter Robb, M.D. Reprinted from the *Cleveland Medical Gazette*.

The Intra-uterine Application of Chloride of Zinc. Abstract by Hunter Robb, M.D. Reprinted from the *Cleveland Medical Gazette*.

Secondary Abdominal Pregnancy after Traumatic Rupture of the Uterus in the Fourth Month. Laparotomy. Recovery. Abstract by Hunter Robb, M.D. Reprinted from the *Cleveland Medical Gazette*.

Shock. By R. H. M. Dawbarn, M.D. Reprinted from the *Medical News*.

Three Practical Points in the Management of Fractures at the Elbow Joint. By R. H. M. Dawbarn, M.D. Reprinted from the *New York Polyclinic*.

I. General Considerations upon Major Anesthesia.

II. Threatening Death during Major Anesthesia.

III. A Brief Digression upon Shock.

By R. H. M. Dawbarn, M.D. Danbury Medical Printing Co.

The Bacteria Occurring in the Female Genital Canal, and Their Relation to Endometritis. Abstract by Hunter Robb, M.D. Reprinted from the *Cleveland Medical Gazette*.

The Conservative Treatment of the Myomatus Uterus. By Hunter Robb, M.D. Reprinted from the *American Journal of Obstetrics*.

PERSONAL AND NEWS ITEMS.

DR. J. M. STRONG will spend the months of August and September in the nose and throat hospitals of London and Glasgow.

FOR SALE. — A well-established homœopathic practice will be given to the man who will purchase my household effects, medicines, teams. Town of two thousand inhabitants in a good Vermont farming community on the B. & M. R. R. One old-school competitor. Collections 90 per cent of the business. Ill health my reason for selling, as I am obliged to go to Colorado. Will give thorough introduction, and can immediately put a man into active practice.

For terms, etc., inquire "Medicus," care Otis Clapp & Son, 10 Park Square, Boston, Mass.

FOR SALE. — Lucrative practice in a large Massachusetts city. Nice location and desirable clientele. Address "X," care Otis Clapp & Son, 10 Park Square, Boston, Mass.

AT the annual meeting of the Board of Trustees of the Hahnemann Medical College, of Chicago, held June 2, 1899, Dr. C. H. Vilas was unanimously elected president of the college.

DR. E. STILLMAN BAILEY has been elected dean of the faculty of Hahnemann Medical College, of Chicago, to succeed Dr. C. H. Vilas.

DR. GIVENS' sanitarium for nervous and mental diseases, at Stamford, Conn., offers excellent advantages for patients requiring special care and treatment.

Dr. B. F. Baily, president of the American Institute of Homœopathy, says: "I have known Dr. Amos J. Givens, of Stamford Hall, Stamford, Conn., for ten years. I have visited his sanitarium, and have placed patients under his care and treatment, and can recommend Dr. Givens and Stamford Hall in the highest manner.

DR. FREDERICK W. ELLIOTT, of 107 Warren Street, Roxbury, died suddenly, June 25, of apoplexy. He had been practising medicine in Roxbury for the past ten or eleven years.

He was born in New Hampshire forty-four years ago, and was a graduate of Brown University and Boston University School of Medicine. He is survived by a widow and two children.

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COMMUNICATIONS.

THE HYGIENIC TREATMENT OF PHTHISIS AT THE STATE HOSPITAL AT RUTLAND, MASS.

BY HERBERT C. CLAPP, M.D., BOSTON.

[Read before the Boston Homœopathic Society and illustrated by many stereopticon views.]

In two papers read before our State Medical Society I have tried to outline from different points of view some of the advantages of the modern sanatorium treatment of phthisis, which has been in recent years so successful in Germany and certain other places, and to explain why treatment in sanatoria is generally so much more effective than treatment at the patient's home.

Reasoning from analogy and from the results of the experience of others, some of us had felt, even before the public experiment was tried, that Massachusetts air and the air of many States in this country, if properly used, and in the right location and in conjunction with other measures, might do as well as German air. Less than a year of trial in our State Hospital for Consumptives at Rutland has corroborated this belief. It is of course too early now to present any statistical evidence from that hospital, but this much can truly be said: that already, even in this short time, several cases of undoubted phthisis (incipient) have been apparently cured or arrested, while many others have been greatly benefited, some of which we trust will be cured in due fulness of time. For, contrary to the opinion of some, we firmly believe that there is now abundant pathological as well as clinical evidence of the curability of phthisis; although the pathway is

full of obstacles, discouragements are many, the physician is frequently tempted to give up the struggle, and the patient would be much more so were it not for his illusive *spes phthisica*. Both of them need great patience, perseverance, and will power.

In the narrow limits of this paper it is manifestly impossible to do more than to give a few glimpses into the therapeutic measures employed at our hospital, — and *hospital* it is, please remember, and not *home*, as a few call it from force of habit. For the popular idea of a consumptives' home is a place of refuge for advanced and therefore incurable cases, while the Rutland hospital — you can call it *sanatorium*, if you like — is for incipient and therefore possibly curable cases.

The rules for the disposal of the sputum are strict. Patients, when in or near the buildings, use the tin sanitary cuspidors with covers and with paper linings (made by Seabury & Johnson), the linings being regularly collected and cremated. For patients who can walk considerable distances, we are now substituting, for greater convenience, rubber tobacco pouches, for pocket use, which can be readily disinfected, and into which Japanese napkins are to be stuffed, and subsequently burned, after being once used. Paper napkins are also used at meals, and other precautions are taken to prevent the dissemination of the bacilli.

We have succeeded in carrying out the *fresh air* part of the treatment very extensively and without much trouble. It might have been difficult if the hospital had been opened with its full complement of patients; but starting October 10 with three only, and the additions being gradual (no notice of its opening having been issued until it was all ready to receive patients), the scruples of the first few only had to be overcome, and they, by the actual benefits received being soon converted, were willing enough to become missionaries to those who came later. October was a favorable month in which to begin, as the transition was not too abrupt. When the winter itself was reached, which this year has been unusually severe, some patients on entering have had to be en-

couraged and reassured for the first few days; but their entrance into the new order of things was made somewhat gradual, and they soon became acclimated and ultimately very fond of fresh air. Sometimes even delicate women, who hitherto had been afraid of the least breath, and who had previously spent much of their time hovering over stoves and registers, have become its most ardent advocates, and eagerly take of it all they can get. But human nature varies, and in some cases it has been found necessary to keep the ward at a pretty low temperature, in order to drive the patients out into the sunshine. Windows in the wards have been open all the time, day and night, the only comparative exception being in the evening, before retiring, and in the morning, during the bathing and dressing process, an extra amount of heat being then forced in. If the wind on one side was very violent, the windows on that side have been closed and the air taken from those opposite. Very few screens have been used, patients generally preferring to feel the air stirring about them. Nightcaps are not in favor, as bald heads in Rutland are very scarce. A few times a bed near the window during a rainstorm at night has been accidentally wet, but this of course is generally guarded against. A few flakes of snow are not so objectionable, but the heading "Slept in snow-clad beds" in a daily newspaper some weeks ago, with a description giving the impression that sleeping in snow banks at Rutland is a frequent occurrence, it is needless to say, was decidedly sensational. Likewise from Munchausen, in the same issue, was the yarn about a man's taking a hot-water bag to bed with him one night and throwing it to the floor the next morning a cake of ice. The dining rooms are kept comfortably, but not oppressively, warm all the time. Those who cannot exercise pass most of the time reclining on steamer chairs on the verandas at the end of each ward building, dressed in warm clothing and covered with furs, when the thermometer is low enough. The weather even when below zero last winter did not prevent this exposure, although at times the furs were reinforced by hot-water bottles and by occasional hot drinks. The tonic effect of the

good, clear, sharp, bracing, New England winter air on a debilitated consumptive, when properly clothed, is often in marked contrast to the limp, languid, lazy, debilitating effect of the enervating, starch-extracting climate of Florida.

When the weather was stormy or the winds were too strong to be otherwise sheltered from, the steamer chairs were taken into the glass-encased sun rooms adjoining, as many of the long windows as possible being left open. This was also the exposure place for the novitiates during the toughening process. Undoubtedly a few colds, mostly of a catarrhal or bronchial or rheumatic nature, were contracted from exposure; but the great majority were remarkably free from such annoyances, and in comparison with the constitutional vigor gained, they were relatively insignificant. Furthermore, it is hoped that additional experience in these practical matters, on the part of the physicians and nurses, will in the future lessen these complications.

Some of the men patients have amused themselves and others during the winter by building camps in the woods in the rear of the hospital, and much time has been spent in them. Chopping dead trees for firewood has furnished healthful exercise for those who were able to take it, and for long periods of time together, camp fires, like those of the vestal virgins, were kept burning day and night. Certainly the recounting of interesting reminiscences and the swapping of lies about these outdoor burning logs added to the contentment and health of those concerned. Just now, as warm weather comes on, the places of rendezvous embrace also the pine groves, whither reclining chairs and hammocks are carried. As time goes and additional appropriations come, increasing provision will be made for agreeable out-of-door life, constant care being taken to shelter from high winds, which experience has shown to be deleterious.

During rest out of doors, the partially recumbent position, as in a steamer chair, has been proved to be the best. The circulation is carried on better, the heart being weak, and the feet and legs can be more satisfactorily covered up and protected from the cold, and also this position for long periods of

time is less tiresome. Altogether, so far, patients have passed from seven to ten or more hours a day out of doors, although the shortest days in the whole year have been included. The hygienic remedies *exercise* and *rest* have been prescribed, according to their specific indications, in individual cases, so far as was possible. From my observation extending over many years, I am convinced that in no part of the treatment of phthisis has the medical profession committed greater errors than in this. The almost universal idea has been, at least until very lately, that every consumptive should be made to exercise at all events. Instances have been quoted time and time again where persons thought to be in a hopeless condition have gone to a ranch or to a logging camp, have become cowboys, or in many other ways have engaged in an active out-of-door life, and have been cured. This is undoubtedly true, but the attempt to apply this treatment to all cases has probably caused many deaths. All of us when in health need bodily exercise, and consumptives should have it when there are not definite contraindications. The principal of these is fever, which, unless very small in amount, almost invariably demands rest ; and the use of rest as a therapeutic agent in the fever of phthisis, in conjunction with the indicated medicine at our hospital, has often been attended with the happiest results. If the fever is high, the patient is even kept in bed. In all of our cases, the temperature is taken and recorded at night and in the morning, and in most of them four times a day. It is frequently possible to detect by the temperature chart some overexertion on the part of the patient ; and as they always know their own temperatures, they are taught gradually to govern themselves accordingly, and to diminish their exercise when necessary. Another contraindication for much exercise is a weak and rapid pulse, and it requires considerable experience and judgment to measure with any degree of accuracy the amount of exercise each consumptive's heart can stand, even if his is an afebrile case. Exhaustion, much dyspnoea on exertion, and excessive sweating are also contraindications. Most of our patients, when they come to us, come with weakened vital-

ity, and are therefore given either absolute or comparative rest for a week or more, even if they have none of the above or of other contraindications for exercise, and it does them good. Consumptives often need mental as well as physical rest for long periods of time, and more than once we have seen the ill effects of worry — that beast which kills more than hard work. The principal mode of exercise at Rutland has naturally been walking, either on a level or in moderate hill climbing, for which there are very abundant opportunities. In addition to what has already been referred to, other forms of exercise for those who were able have been skating, snow shovelling, sleigh riding, carpentering, ball playing, and the drill. The latter is a system of calisthenics which has been taught systematically and regularly to volunteer companies by two patients who received their training in the late Cuban war. Deep breathing exercises have been urged, and here is one of the instances where the association of invalids is beneficial, to some of them at least. For, as a rule, even with nothing to do, many, if alone, would forget or knowingly ignore the fact that another half hour had passed and that it was time to breathe. But here and there a faithful soul, rising from his recumbent position to take in deep breaths and then let them out slowly, would by his example prick the memory and the conscience of his companions to do likewise. Occupations for the warmer months include gardening, croquet, ring toss, and tennis. Any suggestions for others, light and interesting, will be thankfully received. Although the occupations pursued have not always been sufficient to prevent some occasional feeling of ennui, yet certainly fewer are needed than at some places, on account of the beautiful character of the country and the magnificent views afforded. From the grounds of the hospital and at the foot of its hill, bordering its land, is the beautiful Lake Muschopauge, with its mile of sparkling waters and attractive shores; and Mount Wachusett, due north, with its picturesque, if not actually grand, outlines, seemingly as near as our own little Corey Hill, but far more impressive; Mount Monadnock, a little farther off; and even the White Mountains

of New Hampshire, visible in a clear atmosphere; with scores of nameless hills, and here and there some settlements of men — the sight of all these ought to be a perpetual inspiration to any one who has any love of nature in his soul, any proper sentimentality, and I believe that such inspiring and soothing and restful influences ought not to be entirely ignored when considering therapeutic effects.

The food furnished at our hospital has been abundant, nutritious, and digestible, as the weight charts of almost all the patients will testify, showing often almost fabulous gains. Six meals a day, or, if you prefer, the three regular meals and three substantial lunches, allow of the maximum of forced feeding, with the minimum of impairment of the digestive powers. Considerable variety has been provided, and it is doubtful if any similar institution gives much greater satisfaction in this regard. Of course with two hundred and twenty-five people to cater for all the time, the supply of money not being boundless, it is manifestly impossible always to cater successfully to the caprices of appetite and whims of each individual, — some of us have found out that that is not always possible even in the homes of the very rich; but the general verdict is that it is, on the whole, satisfactory. Of course there is now and then some growling, as there is at all hospitals, oftenest from those who have the least to eat at home, as is notorious; but, as has been said long ago, some people will growl even when they get to heaven, because their halos do not fit.

Baths have been used quite extensively. In the morning a cold sponge bath is the rule, although a few of the hardier ones have taken tub baths. These have been very effective in toning up the system and enabling it to stand exposure to the outdoor air. Sponging, wet packs, chest compresses, and so forth, have been used, often effectively, for relief of fever, pain, and night sweats.

I had intended to include in this paper some observations on the medicinal treatment of phthisis, with reports of a few cases to illustrate; but it has already reached such a length that I shall be obliged to postpone the consideration of this

subject to some future time, if the members of the society are sufficiently interested.

PROFESSIONAL ETIQUETTE AND MEDICAL COURTESY.

BY CHARLES STURTEVANT, M.D., HYDE PARK, MASS.

[*Read before the Massachusetts Surgical and Gynæcological Society, Boston, June 14, 1899.*]

Mr. President and Members of the Massachusetts Surgical and Gynæcological Society, — When I was complimented by your Secretary with an invitation to address you upon the subject to which I ask your attention for the time allotted me, I accepted with no little fear and trembling, for in this presence I felt that I should best serve the common cause by only standing and waiting. Indeed, if it had been to speak upon any subject especially involved in either of the sciences, to the discussion and development of which your organization is devoted, I should have declined altogether, and accepted your hospitality only as a listener and a learner.

The subject of "Professional Etiquette and Medical Courtesy" is one which has engaged my thought and interest for a long time ; and while I cannot challenge your attention by a great mass of formulated statistics, nor tax your patience by an exhibition of polysyllabic nomenclature, I am nevertheless conceited enough to believe that your time will not be altogether wasted while you rest from the discussion of greater themes to listen to my remarks.

I am not unaware of the risk which is assumed by any one who approaches this subject with the candor and frankness which it demands, and if I shall give utterance to some ideas that may seem to have a pessimistic flavor, I shall ask you to attribute it to an error of judgment, and not to any deliberate intent to wound the cause we all hold dear, in the house of its friends.

That the medical profession, as a profession, commands less respect and wields less influence and authority than it did a generation ago must, I think, be evident to any careful observer of conditions and affairs. People of the present

day will rush after a physician in the night for a case of simple tonsillitis which they have christened diphtheria, or of bilious colic, — if, indeed, such an ailment may be supposed to exist in these days of appendicitis, — and then discuss with their neighbors the next morning the treatment of the case and criticise the action of the physician with an absolute license of speech born of ignorance and conceit; and in this they are not without the sanction of certain members of the medical profession who do not shrink from giving a positive opinion of a case which they never saw, and passing judgment upon premises of which they have absolutely no knowledge. This was not so in the days that are past. Diametrical differences of opinion there were, and bitter and relentless personal animosities were indulged in, which did no credit to the individuals nor to the profession; but the fact that a man was an educated physician was a pledge to the public as to the value of his opinion, and a shield, to a greater extent than now, from the foul missiles of ignorant criticism. The family doctor had an authority and control over the medical affairs of a community somewhat commensurate with his responsibility, which does not obtain at present.

This state of things has come about, in the opinion of the speaker, chiefly from two causes. First, the widespread smattering of pseudo-information on medical subjects which one finds in all places and under all circumstances. The columns of the newspapers reek and teem with reports of occurrences which, in their disgusting details, are barely kept within legal limits, and in their suggestiveness are simply degrading, while the board fences in the rural districts are desecrated to the limit of printers' ink and paste. Then, too, the modern mania for information upon all subjects — whether correct or not, it does not matter — has its natural effect in the distorted ideas of the mass of the people, and the servant girl in the corner of the backyard fence, in her daily chat with her "friend next door," fulminates her opinions and expresses herself as to the diagnosis, prognosis, and treatment of critical cases of pneumonia and

typhoid fever with a degree of authority which would amuse, if it did not disgust, the physician whose skill, ability, and experience are taxed to the utmost in the management of the case.

The spirit of acquisitiveness and commercialism which characterizes the present day — by which everything is tested — against the demands of which nothing is sacred, which is fostered and developed by such phrases as “Nothing succeeds like success,” “Everything is possible to him who dares,” “The end justifies the means,” and many others of like tenor and untruthfulness — the impression which is often made on the minds of children in our public schools that an education is the *summum bonum* of existence, whether there is anything to educate or not, and that it is compromising to the self-respect of any intelligent being, except a foreigner, to be obliged to earn his daily bread by manual labor, and that this day and generation has no use for any young person who is not *smart* enough to live without actual contact with work. And so it comes about that a great deal of very cheap material is laid like an incubus upon the shoulders of the professions, as well as on the commercial enterprises, and many a worthy and skilful artisan is spoiled to make an incapable tradesman, or a stupid professional man, through this spirit of false pride.

But, you will ask, and with reason, How does this state of things affect the question at issue? Simply in this way: That the medical profession is called upon in this contingency to mark out its own proper bounds and limits more deeply, and to strengthen by every proper method the cords which bind its members together in one common interest. And in no way can this be more effectively done than by carefully cultivating a spirit of genuine courtesy which, while it cheerfully accords to every member the largest liberty of opinion and freedom of action consistent with the general good of the profession, claims from each member the exercise of that fraternal spirit which characterizes the liberal-minded seeker after truth. The medical profession welcomes honorable investigation, however searching, and encourages

competitive effort among its own members, provided it is conducted in the spirit and by the methods of intelligent, conscientious contest for the mastery, for the general good, and not with the pachydermatous arrogance and brute force of the prize-fighter, or, still worse, by the stealthy cunning and manual dexterity which give effect to the stiletto of the assassin.

Permit me to set before you two incidents from my own experience. Many years ago I sought the counsel of a physician who justly held a high position in the school of medicine to which we both belonged, and after looking the case over with me he approved of everything I had done, or proposed to do, with an acquiescence that was almost embarrassing; but he took good care to drop his gloves as he left the house, and when he insisted on going back himself to recover them, he casually dropped the remark that he had no doubt I was doing all I could, *but* that he was sorry he could not have seen the case earlier in its development. The remark was repeated to me within an hour. There was no change made in the treatment of the case, which made a good recovery; but that physician never had another opportunity to duplicate his duplicity, at least with me. In contrast with this, let me speak of another method of dealing. About the same time I called in consultation a physician whose patronymic was, and is, a name to conjure with on both sides of the Atlantic and whose skill is still available to his brethren. He was as silent as the Sphinx until we were alone, when he turned to me with a plainness of speech which is somewhat characteristic, and asked why I was giving bryonia when rhus toxicodendron was plainly indicated. He told the family he had made some suggestions which he thought would be of benefit to the patient, and left the house, without failing in his duty to the patient or in any degree compromising the reputation and standing of the attending physician. Which of these two men had the true idea of professional courtesy?

There is no doubt that the assistance of the professional expert would be oftener sought if the general practitioner

felt certain he could trust to the honor of the other not to *expertly assist* him out of his case, which by some subtle legerdemain of these days of rapid transit might be found in due time on the visiting list of the expert, or by him relegated to the experimental oversight of some youthful protégé in whose success he has an interest, either professional or financial.

Oftentimes the interests of the consulting physician are not conserved as they should be by the attendant. Summoned at a moment's notice to give the benefit of his intelligence, research, and experience in the department of medicine or surgery to which he has devoted his energies, and in which he has won deserved eminence, his assistance and counsel are secured and then it is conveniently forgotten that there is a financial side to the question, and the expert does not do all this for the pleasure of the doing. When a physician is called in consultation, the attendant should see to it that his fee is fully and promptly paid.

One word in passing as to fees and remunerations. It is one of the rewards of the physician's life that he is privileged to show kindness in an unostentatious way to many a worthy person who is really needy, but who has enough self-respect to shrink from being a public charge; but this consideration should be shown *after* the service is rendered, and not made an inducement to change physicians, either by wholesale promises or reduction of rates.

And now a brief allusion to the most frequent temptation to ignore the spirit of a liberal profession and degrade it to the level of a guerrilla warfare. I refer to the soliciting of business, either directly or through agencies, sometimes at least questionable in their methods and manners, and to the undertaking of cases which, from their very nature, must have been under the care of some other physician up to the time of seeking advice, without a thorough understanding of the causes which operated to discharge the former attendant, as the party had an unquestionable right to do, *provided* he discharged at the same time his obligation to him. In every considerable centre of population there is an element which

is worse than good-for-nothing to the physician, for it not only intentionally defrauds the doctor, but it attacks him virulently, or worse even than this, it gives the impression to the public that the reason for the change is wholly due to some act or neglect of the physician, and leaves it open to the community to imagine all sorts of unprofessional conduct, from making his calls in a state of intoxication to implication in a criminal operation.

Here again if the physicians would only exchange confidences in a truly unselfish spirit, this condition of things would find its own remedy; but in the present state of things such soldiers of fortune only laugh in our faces and defy us with the remark that there are plenty of doctors who are glad to get their business; and as the most injurious charge that can be made against a medical practitioner is that "he talks about his business," we have no redress and are at the mercy of the combined efforts of the unprincipled sharper and the new doctor who is seeking to build up a practice on the ruins of any one who stands in his path. The great mass of practising physicians are undoubtedly men of high moral character, intelligence, experience, and thorough good-will; and if the constant attrition of this intensely practical world, and the almost superhuman efforts which the overcrowded condition of the profession has entailed upon its members, has served in any degree to dull the edge of that chivalric *esprit-de-corps* which has always characterized the disciples of the divine art of healing, and has caused even a seeming neglect of its amenities and courtesies, it needs only a simple word of reminder to change it all and to recover its pristine purity and force. A profession which is so intimately and delicately in contact with humanity in all its developments, which ministers to physical existence at either extremity of the bounds of life, — welcoming the newborn aspirant for honors, and closing the eyes of the vanquished veteran in the race, ministering at all times and under all conditions to "all the ills that flesh is heir to," which is made the recipient of the most sacred confidences, receives even now the most priceless recompenses, — should

command, *as a profession*, the respect and reverence of the world at large, and in no way can this be more certainly secured than by the cultivation toward all men, and especially toward its own members, of that sweet spirit of kindness, that recognition of the rights and regard for the sensibilities of others, the exercise of which lightens each burden, enhances every reward, and makes life worth living, whether professional or not.

SOME EXPERIENCES WITH THE NORMAL SALT SOLUTION.

BY W. F. WESSELHOEFT, M.D.

[*Read before the Worcester County Homœopathic Medical Society, August 9, 1899.*]

In some of the most desperate situations the practice of surgery brings, we have at hand in the solution of the common table salt one of the most efficacious means, properly used, with which to overcome certain conditions. Different operators have held such varied conditions as indicating its use that satisfactory and definite rules for its employment are not yet to be had.

When your chairman asked me for a paper, this subject seemed to me well worth discussing, as I had had considerable experience in its use, in a few cases of my own, and in many cases of others to whom I had acted as assistant.

The normal salt solution, when prepared accurately by measurement, has a strength of $\frac{7}{10}$ of 1% in distilled water. This is usually to be had accurately only in hospital operating rooms; out in the world a solution of one scant teaspoonful to the pint of boiled water answers, as far as I have seen, just as well. The object of this particular amount of salt added to the water is that this gives the same saline strength as has blood, and experience has shown that it mixes readily with blood without clotting it, that it is not as irritating to the mucous membranes and peritoneum as is plain water, and that it can be very rapidly absorbed.

The objects for which the salt solution is generally used are four : —

1. In hemorrhage, where the bulk of the blood is so diminished that the heart has not enough to pump on effectively ; and the patient suffers from lack of circulating medium.

2. In shock. Here by injecting a quantity of salt solution at a high temperature — 115° to 120° F. — it offers a ready medium for the most rapid internal application of heat, — the most important element in the treatment of shock.

3. For purposes of washing out septic material, and diluting that which remains to such an extent that the body can take care of it safely.

4. It is used to inject into the blood vessels to stimulate the renal secretion in uræmic conditions with scanty or suppressed urination.

Of the fourth I have had no personal experience as yet. I recently saw a case in which a colleague used it the day after a necessary abdominal operation in a woman who had casts and albumen in her urine. She had complete suppression following the operation. She died, although urinary secretion became reëstablished. Its use in this connection is, however, highly extolled, and certainly must have a firm foundation from reported cases.

The solution is injected in various ways for the different purposes of its use. For hemorrhage, where rapid entrance into the circulatory channels is imperative, the quickest method, by far, is its direct injection into a vein. Some operators open an artery, believing it better to allow the solution to become thoroughly mixed with the blood in the capillary circulation, before entering the heart and lungs, than to be carried comparatively unmixed directly to the right heart, thence to the lungs and general circulation of the body. Most operators, I believe, in using the solution, inject it under the breast. So great an authority as Kelly, in his beautiful work on operative gynæcology, states that he has given up other methods, though why the intravenous he does not tell satisfactorily. As I have seen it, the time required for its absorption, injected here, is far greater than when the

solution is injected directly into a vein, and the effect desired greatly delayed. Absorption does not go on rapidly enough from the intestine to make an injection into it of immediate value in hemorrhage, but undoubtedly something is gained by supplementing the intravenous or submammary injection by a high enema of the solution. This brings into the body an amount of heat also which is often valuable.

It is not possible always, during a prolonged operation, when a patient shows symptoms of shock — that is, having a cool surface, with rapid, weak pulse, and rapid, shallow respiration — to determine whether this condition is due to hemorrhage or not. Slight steady hemorrhage for a long time, or hemorrhage from time to time, may, after a while, amount to a large quantity of blood lost. We sometimes see shock occur, however, that is evidently not due to loss of blood, in spite of the greatest precautions having been taken to preserve the body heat. Under such circumstances a hot intravenous saline solution undoubtedly most speedily brings about a reaction, with the addition, of course, of other means of stimulating and keeping up the body heat.

In the abdominal cavity the solution is invaluable as a means of washing out dirty material that may get in during an operation, or unclean matter that is already there. In the ordinary clean operation for appendicitis, after cutting off the appendix and when turning in the stump — especially if, as is sometimes the case, this presents some difficulty — a little drop of dirty material from the opening may escape into the gut. After washing off thoroughly with the salt solution, the abdomen may be as safely closed as if this had not happened. I remember an operation at which I assisted, a lateral intestinal anastomosis, where the contents of the bowels poured out all over the intestines. This was thoroughly washed away with salt solution, and perfect primary union of the gut resulted.

With free pus in the cavity, flushing out thoroughly with this solution and draining has surely saved many lives which would have been lost had the abdomen been merely opened and drained. I think it very unwise to wash out unless the

general cavity is involved, or unless there are several pockets of pus in the folds of intestines. If the pus is localized drainage serves every purpose and avoids the risk of carrying the infection about. After washing out and filling the abdomen with salt solution some operators close the abdomen, even when undoubted infection has existed, according to the methods initiated by Dr. J. G. Clarke.

To illustrate its efficacy I present a few cases whose recovery I believe would not have occurred without the use of the normal salt solution.

I. Two years ago I assisted at a hysterectomy for a fibroid uterus in a woman thirty-four years of age. Deeming it not too large, there was first an attempt made to take it out vaginally. This had to be abandoned after the uterine arteries were tied. An abdominal opening was then made and the uterus removed through this, after tying the ovarian vessels. The operation was not a long one, and her condition at the end was good. Three hours later she was found to be collapsed, the pulse was hardly to be felt and could not be counted, the respirations were short and the surface cool. She was immediately placed on the table and the abdomen opened. The ligature on one of the ovarian arteries had loosened and the abdomen was apparently filled with fresh blood. As soon as she was put upon the table I opened a vein at the bend of the elbow and inserted the canula; and while the securing of the bleeding vessel and removal of the clots was going on, the solution was running into the arm. After two quarts were injected the canula was withdrawn and the small wound closed. The pulse could be easily counted and had some volume, yet her condition was still so threatening that a vein was opened in the other arm, and another quart injected while the abdomen was being sewn up. This made the pulse stronger, and brought it down to 140 to the minute. The next day her pulse was 128, and she made a good recovery. She was at work again as cook in a few months, and I have seen her quite lately in good health.

II. During the same summer, in the late Dr. Winn's service, a woman was brought to the hospital in Boston as an

emergency case. She had just been rapidly delivered at her home of a large child, on account of a centrally implanted placenta prævia. She had lost a great deal of blood before the delivery, and during it the cervix had been so badly torn that the blood was flowing freely from it on her arrival at the hospital. Our surgical interne had gone out to help the physician on the case, and, recognizing the severity of the condition, had, while the woman was being delivered, given an intravenous injection of about one and one half quarts at the tenement. As the hemorrhage was not controlled, she was packed and removed to the hospital. She was put on the table in an almost dying condition, with her blood draining away in the most sickening manner. She was panting, her pulse could not be counted and scarcely felt. While Dr. Winn rapidly caught and tied the spurting vessels of the cervix, I opened a vein in her arm, and it was not until she had three quarts injected that we felt, from the quality and rapidity of the pulse, she had had enough. This made four and one half quarts, adding what she had received outside, of the solution that had been injected into her blood vessels. Her color was ghastly, but she rallied and recovered. Last summer I called to see her with her physician, and found her in blooming health, about seven months pregnant again.

III. Last fall, in a town near Boston, I was called to a case of appendicitis in a young man who had been violently sick for four days. His temperature was a little over 100° and his pulse over 120. He had had intense pain, but this had subsided in the past few hours. His abdomen was somewhat distended and sensitive everywhere, though not especially so in any one place. On opening, foul-smelling pus welled out of the wound from the free abdominal cavity. The appendix was found to be gangrenous, with an opening in the middle, out of which a concretion had made its way and lay near by. The appendix was removed, the stump turned in, and then the abdomen was flushed out with many pitchers of salt solution, pus seeming to well up interminably as new coils of intestines were separated. Finally the fluid ran pretty clear, and he was put to bed with ample drainage by tube and gauze.

I gave the family a fatal prognosis, and left. He passed a comparatively comfortable night, and made a perfect recovery, although the wound was not closed tight and skinned over for thirteen weeks. Since then he has been perfectly well and strong.

IV. On June 19 of this year, in the evening, a boy seven years old was brought to the hospital with acute appendicitis. His temperature was 101° , pulse 136, and he had been sick five days. He looked in bad condition, and was immediately operated upon. I found a gangrenous ruptured appendix. The appendix extended down into the pelvis, and from here a lot of foul pus poured out. The appendix was removed, and, as there did not seem to be pus free in the cavity, the pelvis was mopped out with gauze wet in salt solution, and drainage by tube and gauze established. The next morning his condition was worse, his pulse was over 160, his temperature had gone up a little, and the respirations were short and rapid, and his face sunken. He was taken to the operating room, and, hardly expecting to get him off the table alive, I injected a quart of salt solution into a vein in his arm, and washed out his abdomen with hot salt solution, thoroughly separating the coils of intestines. There was some pus pocketed here and there, showing how difficult it is sometimes to be sure when there is no more. The washing out was continued until the fluid ran out clear. This boy rallied and has made a good recovery. He is now running about the hospital, waiting for a small area to skin over.

V. On the day after this last boy was taken up the second time, a case came in under Dr. Bell very similar to his. It was a young man, nineteen years of age, having a temperature of $102\frac{1}{2}^{\circ}$, pulse 116, with a ruptured appendix and general purulent peritonitis. The appendix was removed and the abdomen flushed out and drained. The next morning he was worse. His pulse had risen to over 140, the temperature was $97\frac{2}{5}^{\circ}$, and the respirations rapid. Dr. Bell asked me to try what could be done with the saline solution, used as in the last case. I took him to the operating room, and injected two quarts of the solution into his arm, besides enlarg-

ing the abdominal opening and flushing out as thoroughly as possible with the solution. His pulse went down to 124 on the table, and he rallied. Thirteen days later he developed a pneumonia which almost carried him off. He is now picking up, the wound is filled in and nearly skinned over, and he hopes soon to leave the hospital.

These last two cases of septic peritonitis are to me of especial interest. Both would have died unless the abdomen had been opened and drained. Both were, in spite of that having been done thoroughly, evidently going towards a fatal termination. I have never seen such cases rally, after a certain point has been passed, except these two, and they are the only cases of the kind on whom I ever knew the combination of intravenous injection and thorough abdominal washing out with salt solution to be tried as a secondary measure. If further experience with this method bears out the hope these two cases suggest, we have at hand another means with which, in such desperate cases, to combat our dread enemy.

These few cases I have cited show only the bright side of the picture. There is another and a darker one, where, in spite of the greatest care and most earnest efforts, cases have to be lost. I have, however, seen so much good come from these simple procedures, and never any harm, that I think they should never be withheld when indicated.

The giving of an intravenous injection is so simple an affair that any one can do it if he will—under aseptic conditions, of course. If a vein cannot be seen, a cut through the skin, over a place like the inner bend of the elbow, will reveal some vessel which, if not large enough, can be rapidly followed to its junction with another which will be. This vessel is then dissected free of the connective tissue and fat for one half an inch, and a ligature passed under it and tied at its distal end. Another thread is then passed under it ready to tie the proximal end when the vein is to be closed at the end of the little operation. The vein is now cut with a pair of sharp-pointed scissors about a quarter way across slantingly, upward. If this opening is not large enough it can be extended lengthways with the scissors or knife. The

canula, attached to a rubber tube about three feet long, which leads to a glass funnel already filled with the hot solution, is now inserted into the vein, care being taken to exclude any air. I usually insert it while the solution is running out of the canula. While the solution is running into the vein this danger is easily avoided by keeping the funnel pretty full. The temperature of the intravenous solution should be 115° F. by the thermometer. The amount necessary varies. I have rarely seen under a quart given, and usually two quarts in an adult is necessary to give the pulse a good volume and reduce the frequency of its beat markedly. When enough has run in, the loose ligature is drawn tight as the canula is withdrawn, and tied. The skin wound is then closed.

To wash out the abdominal cavity the solution should also be at least 115° F. It can be done by pouring the solution into the opening from a pitcher, but more thoroughly by means of a fountain syringe with a large glass nozzle. This nozzle can be readily pushed in between the loops of intestines, and the solution carried everywhere desired.

SOME POINTS IN REGARD TO HEMORRHAGE.

BY A. HOWARD POWERS, M.D.

[*Read before the Boston Surgical and Gynecological Society.*]

Hemorrhage is one of the most important factors in a surgical operation. Without doubt, to the layman, and the general practitioner as well, blood is the most striking and startling fact in most surgical performances. The popular conception of a surgeon is of one who enjoys being blood-stained and gory. Consciously or unconsciously with the conception of ability to draw blood with the knife, there is present the idea of ability to control and stop any bleeding that may occur in a surgical operation. Really, it is this ability to control hemorrhage which marks the surgeon, for, were it not for this power, most surgical operations would be impossible. Hence it would seem that the first requisite for

the practice of surgery is to learn how hemorrhage may be controlled ; and any factor in regard to means of lessening hemorrhage should have much value.

It is not my purpose to treat the topic exhaustively, for that is unnecessary since you may find this done in most treatises on surgery, but rather to suggest some dangers which my work as Demonstrator of Anatomy has revealed. I was early impressed that the cuts and descriptions in the text-books were not always identical with the condition as found by dissections. Variations were common and so frequent, in fact, that for several years I have said that I have never seen a body that in all respects corresponded to the text-book. Early, some interesting and unusual conditions were noted, but it was some time before I systematically set about recording these variations, and to-day I will show you a few of the many observed. Even with systematic effort to record and preserve these irregularities, I fear as many were lost as were recorded, since the students often failed to recognize the variation, and frequently destroyed a specimen of much interest. I will only show you some of the marked irregularities of the arteries of the upper extremity, since they are most closely connected with our topic. In passing I may say that the veins show many more irregularities than the arteries, and at times the *vena comites* show many variations. And first let us consider the upper extremity, with its vessels normally arranged, which will serve to refresh your memories and for comparison with those abnormal.

We have the axillary artery beginning at the lower margin of the first rib, and from it arise the superior thoracic, the acromio-thoracic, the ala, the long thoracic, the subscapular, and the two circumflex arteries. The distribution of these branches is, for present purposes, sufficiently well indicated by their names.

From the brachial, the continuation of the axillary, arise the superior profunda, the nutrient, the inferior profunda, and the anastomotica magna, besides the muscular branches. At the elbow the brachial divides into the radial and ulnar, and the ulnar gives off the interosseous, which subdivides into

the anterior and posterior interosseous. In the palm, the superficial palmar arch is formed by the ulnar anastomosing with the superficialis volæ and the deep arch by the radial and the communicating branch of the ulnar.

The first abnormality noted is the high bifurcation of the brachial — in fact, just as the brachial begins it is divided, and in the arm all the branches except the *anastomotica magna* arise from the high ulnar.

The second abnormality shows the same high bifurcation, but in the arm, two inches above the elbow, the interosseous is given off and the ulnar passes over the internal condyle about four lines from its inner margin.

The third abnormality following the high bifurcation, is that the interosseous arises from the radial.

The fourth abnormality is a high bifurcation, and the radial is at first internal, then anterior, and then external to the ulnar, the radial forming an S-shaped appearance. I have seen three or four instances of this arrangement of the brachial after a high bifurcation.

The next abnormality is one where from the middle of the arm a small branch passes downward and inward over the internal condyle and so on, on the inner side of the forearm to the wrist, where it seems to take the place of the ulnar ; but in the hand no superficial arch is found, and the true ulnar having been lost in the forearm, this, the extra branch, and the interosseous artery join the first and third interossei from the deep arch.

In the next abnormality we have not a high bifurcation, but from outer surface of the second portion of the axillary a large branch arises ; and from this point to below the elbow, where the radial and ulnar arise, no branches are given off except some minute muscular branches too small to be preserved in the specimen.

From this large branch are given off the two circumflex, the long thoracic, the subscapular, the superior profunda, the nutrient, and the inferior profunda, and the profundæ branches pass to the elbow and communicate with the recurrent vessels of the forearm.

In the hand one abnormality is seen where the radial passes in front of the wrist and metacarpal bones, and completes the superficial arch, and also giving off branches corresponding to the princeps pollicis and the radialis indicis, only a small branch going behind the thumb and supplying the inner side of the thumb.

In another instance, the interossei being of unusual size, they unite just above the wrist posteriorly and then pass downward and enter the palm between the heads of the second and third metacarpal bones, and there form the deep carpal arch.

A still more striking anomaly is shown where the median, a branch of the interosseous, accompanies the median nerve, and being of large size passes into the palm of the hand and dividing gives off the princeps pollicis, radialis indicis, and digital branches, no superficial arch being found.

The brief description of these abnormalities suggests to the mind of the surgeon some of the complications which they might cause. A careful study of these and other abnormalities is both interesting and profitable.

But aside from these irregularities there are some other considerations which have to do with the general topic of hemorrhage which I wish to be discussed. The means for the control of hemorrhage are the ligature, torsion, compression, and the tampon. Of the ligature I have nothing especially new to urge, but would suggest its application by the use of a curved needle in some cases otherwise difficult to control, and refer to this means of controlling hemorrhage from a palmar arch or on the scalp.

The purse-string method is useful for controlling hemorrhage from the tonsil, and I refer to a recent discussion of this means in the *Medical News*, by two leading physicians.

Torsion, I believe, has less use than it deserves, and attention is called to the remarks of Professor Tiltaux, of Paris, a translation of which was published in the *Medical Student* some years ago. In regard to the tampon, it differs from compression in that it forms a framework on which a clot may form,

and thus nature is aided and often there is really a combination of compression and the clot. And it is just here that I hope discussion may help to a better understanding of the use of the tampon. The tampon sometimes fails, and fails because used in inflamed and septic conditions where the blood vessels will not contract to the usual stimulus and the tissues are often lax and compression is not effective. For example, following curetting of the uterus, where the tampon is so commonly used, oftentimes there would be no need of the tampon if the curetting was complete and all diseased septic tissues removed. And if there should by chance be need of a tampon, if it was well applied there should be no leakage, or at least none of serious amount. In this age of aseptic surgery secondary hemorrhage is so rare that little need be said about means to control it. Still, when it does occur, when the larger vessels have been controlled by forceps or ligature, the tampon will prove of great value. Gauze is in most cases the best material for the tampon.

I have seen but one case of uncontrollable hemorrhage, and that was in a child debilitated by scarlet fever and a subsequent cervical abscess of large size. In this case the blood seemed to have all power of coagulation, and gradual oozing continued from thirty-six to forty-eight hours, and precipitated a fatal result.

I wish to simply call attention to the use of styptics and the unscientific means afforded in their use. When they are applied there is always a slough and sepsis is very liable to follow, and following the sepsis secondary hemorrhage is a probable result.

A CASE OF HYSTERICAL CONTRACTURES.

BY DE ETTE BROWNELL, M.D.

[*Read before the Worcester County Homœopathic Medical Society.*]

Contractures appear occasionally in the course of systemic and disseminated cord diseases, also coexistent with symptoms due to cerebral lesions and in hysteria. There are also observed contractures apparently not due to either cause, and

which we must classify as functional. These are found in those patients who from habit or delusion have voluntarily maintained a fixed position of certain muscles until they are unable to overcome the acquired condition. A case has come to our notice in which the symptoms presented did not seem sufficient to designate the cause as organic, and in which the patient had never been in the habit of contracting the muscles, and also at no time was she under the influence of delusions. We therefore were reluctantly inclined to attribute the cause to hysteria. The patient — L. R., married, age 34 years — was admitted to the Westboro Insane Hospital October, 1898, in very poor physical health; weighed 94½ lbs. The urine was normal and there were no chest or abdominal symptoms of disease. The blood examination showed a marked anæmia, the hæmoglobin percentage being only 58. She was unable to walk and appeared dull and demented. This patient had acquired the morphia habit seven or eight years previous to admission while a patient in a sanitarium in the South. About this time she married a morphia habitué. Both continued the use of the drug until she entered the hospital. Her husband, a month after she came to us, met death by accidentally inhaling illuminating gas while under the influence of morphia. Mrs. R. was always delicate. She had scarlet fever at the age of five years. At sixteen she had cerebro-spinal meningitis. She was very ill for two weeks, and the family report that during this time she had periods of about half an hour in which she was unconscious. She recovered, but was not strong. She was able to attend school and acquired an excellent education, and afterward took charge of her father's house for several years. Since acquiring the drug habit the patient became more of an invalid, the final breakdown coming on last fall. During the summer she had been around the house and took between four and five grains daily. Her physical strength failed, until she finally took to her bed a portion of each day. There was no apparent mental change until about October 1, when she became confused and forgetful. She had been in bed about a week when it was noticed that her legs were flexed to a

right angle and that she was unable to straighten them. It was not quite two weeks after this was noticed when she came to our hospital. She could give no history of herself, was forgetful, dull, and demented. At night she was talkative and disturbed. She had hallucinations of hearing and sight. On admission the patellar reflexes were diminished. There was no atrophy of the muscles of the legs. The pupils were sluggish to light, but normal to accommodation. None of the superficial reflexes were examined. Attempting to walk caused pain. There was also lack of power to raise the left arm to the head, and contracture of the extensors existed in the fingers of the left hand. After being in the hospital one month she became sufficiently quiet to occupy a bed on the dormitory and not disturb other patients. Before this a room had been a necessity. Her memory for events long passed and very recent was fair, but she knew nothing of dates; neither had she any comprehension of the locality or place in which she was being cared for. She had been with us nearly three months before she realized that she was in a hospital. At this time she was told of her husband's death and grieved over it one day and then seemed to forget it. Her memory returned slowly, yet even now she remembers only a few dates. She is able to recall events very clearly and can relate or write her experiences graphically. Seven months from the time of her admission we again examined the reflexes and found that the patellar reflexes were absent. The plantar and all the skin reflexes were present and normal. There were a few areas on the legs where the electrical current could not be felt. Other areas near were very sensitive to the current. We never found the reaction of degeneration. The lower limbs were cold and blue constantly. The contractures in the legs still persisted. She was able to raise her left hand to her head, but unable to flex her fingers perfectly. The little finger could only be flexed at the second phalanx, the others imperfectly at the first and normally at the second. We attributed her weakened mental state to the toxic effects of morphia, and the contractures to hysteria brought about by the same cause.

The treatment consisted in first removing the effect of the opium, and ipecac was given for this purpose. Nux vom. followed after about ten days. One month later we gave phos. A gradual mental improvement was noticed after a time, but almost no change in the contractures. On account of the diminished hæmoglobin we gave her iron in the form of Bland's pills from the first, or as soon as the nausea passed away from the discontinuance of the morphia and the use of ipecac. Last April we commenced electrical treatment, using the negative pole of the galvanic battery to the lower limbs daily, with a current of five or six milliampères. We still continued the use of iron. In June she commenced to help herself about, and at the last examination of the blood, July 20, the hæmoglobin percentage was 78. At this time the electrical reactions were improved; the contractures had diminished at least one half. The circulation in the lower limbs had improved greatly. She could move her left arm with ease, and although there was some loss of power in the fingers, she could more nearly close all of them except the fourth. Tactile and temperature senses were normal, and there was no narrowing of the visual field. Many tests were delayed until late in the case, for reason of the patient's demented mental state. Her weight had increased steadily, the record of July being 116½ lbs. With the electrical treatment we employed massage and warm salt baths to the limbs at night. She commenced to walk in July, at first with a nurse supporting her, later on helping herself with a chair. Last Sunday she walked about the distance of one block in the corridor of the hospital, aiding herself only by means of the wall. On August 7, with her consent, we etherized her, partly for diagnosis and partly for the mental effect. During the first stage of anæsthesia and after she had been taking the ether very well for several minutes, she suddenly stopped breathing, and we witnessed a condition almost identical with the first stage of an epileptic seizure. Her flexor muscles were in a state of tonic spasm, and this was almost immediately followed by a state of contraction of the extensors, except those of the legs. We felt a relaxation of the

flexors here, however. After several seconds she commenced to respire normally, but the muscle contraction kept up very generally through her body until anæsthesia was complete. The extensors of the left little finger relaxed first and the flexion of the knees was next overcome. Considerable force was required to accomplish the latter, adhesions having formed around the joint. Splints and bandages were applied. When the effect of the ether was passing off and she was partly conscious, she would at my suggestion flex the fingers of her left hand perfectly, and I could observe no loss of power in the hand. When the patient fully returned to consciousness the pain in the knees required the removal of the bandages, yet considerable flexion had been overcome. The outlook seems favorable for a perfect recovery.

LARGEST PHARMACY IN THE WORLD. — The pharmacy of K. J. Ferrin, at Moscow, Russia, is thought to be the largest in the world. As many as 1,200 prescriptions are put up in one day. The dispensing is done in a glass-domed room, where about twenty-four assistants are employed, and a large clerical force is required to take the orders and deliver the goods. If poisonous drugs are used in putting up a prescription, the checking of weights is done by a weigher specially employed for that purpose. The annual number of prescriptions is not far from 300,000. Two hundred and ninety-three men are employed in the wholesale and retail department. — *Practical Druggist.*

SERUM TREATMENT OF DIPHTHERIA. — The medical report of the French army states that since the introduction of the serum treatment of diphtheria the mortality among cases of that disease has fallen from 11.3 per cent to 6 per cent.

EDITORIAL.

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

CONCERNING THE MEDICAL SCHOOL.

A letter from our good friend rather takes us to task for our editorial in a previous number, referring to the needs of the chairs of physiology and pathology in the Medical School, as altogether too pessimistic. Such was certainly not the intention which animated the writer, but solely the desire to present to the profession and alumni in as forcible a light as possible the needs of those departments, hoping thereby to arouse some interest and enthusiasm which might ultimately show some beneficial results.

It gives us pleasure to announce that Mr. Arthur W. Weyssse, Ph.D., has been elected to the chair of experimental physiology, made vacant by the resignation of Dr. Rockwell. Dr. Weyssse is a graduate of Harvard, and for some years has been connected with the corp of instructors of the Massachusetts Institute of Technology, and comes to his new duties well equipped by previous study and experience for the work. The Medical School is to be congratulated on securing the services of one so well fitted for the position.

Apropos of the Medical School, the catalogue for the ensuing year is before us, and in general shows that in its facilities for furnishing the conscientious student with a thorough medical training, it still ranks among the best. One notable step in the right direction is the announcement that beginning with the year 1900 the examination for admission will be very materially advanced. After this year all applicants except those having a degree in arts, philosophy, or science will be required to pass written examinations in English, Latin, French or German, History, Mathematics (Arithmetic, Algebra, and Geometry), and Physics; this is a move that can-

not be too highly commended, and should encourage all those interested in the prosperity of the school to renewed efforts in its behalf.

EDITORIAL NOTES.

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The American Electro-Therapeutic Association will hold its Ninth Annual Meeting at Washington, D. C., September 19-21, 1899. The President, Dr. F. B. Bishop, appointed the following Committee of Arrangements: Drs. D. Percy Hickling, Chairman, Jos. Taber Johnson, G. Lloyd Magruder, Z. T. Sowers, Robert Reyburn, G. Betton Massey, Chas. R. Luce, Elmer Sothoron, Llewellyn Eliot, Clifton Mayfield.

Willard's Hotel has been chosen for the headquarters, and special rates have been made for all interested in this meeting. Many able papers have been promised and a very successful scientific meeting is assured. There will be a large and varied exhibition of electro-therapeutic apparatus in Willard's Hall during the meeting of the association. Willard's Hall is well adapted for this purpose, as it not only adjoins the headquarters, but communicates with it by a corridor; there is also a large entrance directly from the street. The committee also promises a very pleasant social program, including a reception by the President of the United States, an excursion to Mt. Vernon, Arlington, and Alexandria, — a buffet lunch to be served at Alexandria, — an evening visit to the Congressional Library, to be viewed under electrical illumination. Provisions have also been made to visit the War, State, and Navy Departments, the United States Treasury, and other public buildings.

In the death of Dr. Milton S. Briry, of Bath, Me., the profession loses another of the older and most esteemed members. We append the following from a Bath, Me., paper: —

MILTON S. BRIRY.

Dr. Milton S. Briry died this forenoon at his home on Grove Street, after a brief illness, aged 74 years and 3 months, of chronic gastritis.

He was a well-known physician and surgeon and one of the oldest homœopathic practitioners in the State. He was born in Bowdoin, Me., May 17, 1825, son of Joseph and Mary (Story) Briry. He was descended from an English ancestry. The name of the family was originally Brierhurst, and his great-grandfather was a silk and linen merchant in England.

Dr. Briry's grandfather is said to have been impressed into the British navy during the American Revolution, and brought to this country between 1775 and 1780. He never returned to England, but remained in the United States and settled in Bowdoin, Me.

Dr. Briry's father was born in Bowdoin in 1792, and was a noted educator of that section in his day.

Dr. Briry acquired his early education at Litchfield Academy and prepared for his collegiate and medical courses in Bath. In carrying on the latter under T. G. Stockbridge, after graduating from the Maine Medical School in 1853, he began the practice of medicine in Lubec, where he remained two years.

In January, 1855, he located in Bath, where he has since resided. He inaugurated a practice which rapidly grew, and for over forty years maintained the high reputation that has characterized his professional career from its very beginning.

Both his professional standing and his position as an eminently worthy citizen have given him a far-reaching influence in all important movements relative to business improvement and similar matters.

He was President of the Bath Savings Institution and trustee for many years. He cast his first presidential vote for John C. Fremont and in politics was a supporter of the Republican party. He was a member of the Board of Aldermen three years and Common Council four years.

He also served upon the Board of Overseers of Poor for twenty years, and was city physician one year.

On December 13, 1855, he was united in marriage to Susan P., daughter of the late Elisha and Sarah (Storer) Higgins of this city. Dr. Briry leaves a widow and four children, Dr. E. E. Briry and Miss Mary E. of this city; John F., with the firm of Braman, Dow & Co. of Boston; and Wm. S., with the firm of Larrabee & Stearns of Melrose, Mass. He had two sisters, Mrs. Amanda Odiorne, and Miss Ellen Briry of Richmond.

Dr. Briry was a member of the American Institute of Homœopathy and the State Homœopathic Society of Maine. He was a member of Winter Street parish.

We append from the Ann Arbor *Argus* the following interesting description of a new homœopathic hospital to be built this summer in that city : —

The special election of last Monday, July 3, at which the people of Ann Arbor, by a practically unanimous vote, 650 to 16, authorized the city council to donate a site for the new homœopathic hospital, is undoubtedly the beginning of a new era for the Homœopathic Medical College of the university and for the profession generally throughout the State. The property which it is expected will be donated is known as the Smith property, situated on Washtenaw Avenue, across from the gymnasium, and embraces about five acres. It is a fine location for a hospital, being situated on the street car line and quite near the college. The property will cost about \$17,000. There is already a large brick house upon it, which will be fitted up for a nurses' home. It will probably cost \$2,000 or \$3,000 to do this, bringing the value of the lot and the building now upon it up to \$20,000. On this property the board of regents have by resolution agreed to build a hospital building which without the furnishings will cost not less than \$50,000. It may cost \$60,000. The entire property, including the site and the hospital, with its equipment and furnishings, all new throughout, will, when finished, probably be worth \$90,000. The hospital will be placed back about five hundred feet from the middle of the street. The surroundings are beautiful, and from the back of the hospital will be a delightful view of the Huron Valley. The location is in every way an excellent one.

This hospital will be for the exclusive use of the homœopathic department, the one now occupied by that department becoming a part of the university hospital. The new hospital will be thoroughly modern and up to date in every respect. It will probably have a fine lecture room in connection and a capacity for seventy-five patients. The rapidly increasing patronage of the department makes this large increase of capacity a necessity.

The battle against the removal of the homœopathic department and the beginning of the disintegration of the university may now be said to be fairly won. The attempt to secure the removal of this

department has been most persistent and long continued. But it has now met with what will undoubtedly be its final and lasting defeat. Too much cannot be said in praise of the gentlemen composing the faculty of the department for their untiring efforts to prevent removal and at the same time build up the college. They have been successful in both, and are to be congratulated. Their victory has not been one of chance, but is the result of well-thought-out and fought-out plans. The members of the faculty who have led in the good work are men of ability and energy, and stand high in their profession, and their success is due to these qualities. The accomplishment means much to the profession throughout the State and the country, and everybody is pleased with it. It is the more satisfactory to people generally because it is not at the expense of any individuals or any other profession, but a victory for a good cause.

Although the city donates the site at a considerable expense, it will nevertheless be the gainer by the transaction. The university will be embellished and the city improved by the erection of this fine building. The value of property will be enhanced and rents will be increased. The investment is a good one from any point of view. Plans for the building are already under way, and work will begin just as soon as the site can be secured and transferred by the city council to the board of regents. It is expected the building will be enclosed before winter.

The well-known firm of W. B. Saunders will publish the following books early in the fall : —

The “International Text-Book” presents a complete treatise on the theory and practice of surgery in its most advanced aspects. “Pelvic Inflammations,” by Dr. Pryor ; Kyle, on the “Nose and Throat” ; “Heisler’s Embryology” ; Jackson’s “Disease of the Eye” ; and Abbott, on “Transmissible Diseases.”

SOCIETIES.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the Worcester County Homœopathic Medical Society was held at the home of Dr. J. F. Worcester at Clinton, August 9, 1899.

The meeting was called to order at 10 A.M., President Worcester in the chair. The Secretary's report of the preceding meeting was read and accepted. The names of Dr. H. A. Gibbs, of Worcester, and Dr. E. P. Bixby, of Barre, were reported upon favorably by the Board of Censors, and they were elected members of the society. The following list of applications for membership was received, and referred to the Board of Censors: Dr. Solomon C. Fuller, of Westboro; Dr. A. E. P. Rockwell, of Worcester; Dr. G. Forrest Martin, of Lowell; and Dr. L. Everett Foster, of Northboro.

Notice of the memorial service to be given in Boston this fall, in memory of the late Dr. I. Tisdale Talbot, was given by the President, and upon motion of Dr. Crisand, it was voted to appropriate twenty-five dollars (\$25) toward the expense of that service.

The meeting was now taken in charge by the chairman of the Bureau of Surgery and Physical Diagnosis, Dr. J. Emmons Briggs.

The first paper was read by Dr. W. F. Wesselhoeft, of Boston, and was entitled "Some Experiences with the Normal Saline Solution."¹

This paper was freely discussed. Dr. Briggs had seen a few cases when capillary hemorrhage had been augmented after the use of the saline solution. The quantity of the solution used varied in different individuals, but should be injected until the pulse drops to 120-136.

The next paper was read by Dr. H. A. Streeter, and was entitled "A Review of Aseptic Surgical Methods." This paper fully described the methods employed at the present time, both in hospital and private practice, in making and keeping surgical cases aseptic. The author compared these methods with those of a few years ago, showing the great advance which had been made in this direction, and the possibilities which had been brought about in modern surgery by thorough antiseptics.

Dr. Crisand gave a report of a case of obstructive liver trouble which had been rather puzzling in its symptom-

¹ To be found in full on page 410.

atology. From the symptoms it was thought probable that the trouble was caused by gall-stones.

A clinical report of a case of hysterical contractures occurring in a patient at the Westboro Asylum was read by Dr. De Ette Brownell.¹

Dr. Murdock opened the discussion of this paper, and also mentioned an interesting case of tetanus which had come under his observation. In this case, he had administered *passiflora* with good results.

Dr. Frank R. Warren read the last paper, which was entitled "Urethral Caruncle," and was a brief description of the pathology, symptomatology, and surgical treatment of this distressing condition. The writer advised against the use of caustics in removing these growths, and advocated a careful but complete dissection, with a subsequent suturing of the resulting wound.

This finished the scientific session, and the society adjourned for lunch. This was furnished by Dr. Worcester, assisted by his friends and patrons in Clinton, and was much enjoyed by the society. A vote of thanks was tendered Dr. Worcester and those who had assisted in the preparation of this lunch.

The society adjourned at 1.30 P.M., after which barges were taken and the works of the Metropolitan Water System visited. This proved a most interesting and instructive trip, and was much appreciated by the members.

About thirty-five were present, and included as guests of the society Drs. W. F. Wesselhoeft, John L. Coffin, and J. Wilkinson Clapp, of Boston; J. D. Craig, of Chicago; and G. Forrest Martin, of Lowell. F. R. WARREN, *Secretary*.

NATIONAL SOCIETY OF ELECTRO-THERAPEUTISTS.

The seventh annual meeting of the National Society of Electro-Therapeutists will be held in Boston, Mass., September 14 and 15, under the presidency of Dr. Clara E. Gary, of Boston.

¹ Printed in full on page 421.

Many papers of great scientific value have been promised. Prof. A. E. Dolbear and several prominent physicians from Boston and elsewhere have signified their intention to be present.

On the evening of September 14, Dr. W. H. King, of New York, will deliver a lecture on "Static Electricity," with practical illustrations. Aside from the regular sessions, the society has been invited to visit the Biological Laboratory connected with the Massachusetts Institute of Technology. The society will be received by Prof. W. T. Sedgwick, or Assistant Prof. Theodore Hough. It is also expected that the society will visit the Thompson-Houston General Electric Works at Lynn, Mass.

A large attendance is expected of those who are interested in the development and study of medical electricity.

The headquarters of the society will be at Hotel Vendome, Commonwealth Avenue, and special rates will be given members and their families.

REVIEWS AND NOTICES OF BOOKS.

A TEXT-BOOK OF ANATOMY. By American authors. Edited by Frederick H. Gerrish, M.D., Professor of Anatomy in the Medical School of Maine at Bowdoin College. In one magnificent imperial octavo volume of 915 pages with 950 engravings in black and colors. Cloth, \$6.50, *net*; flexible waterproof binding for the dissecting table, \$7.00, *net*; full leather, \$7.50, *net*. Philadelphia and New York: Lea Brothers & Co.

This book comes to us, having been preceded by rumors that a good work was to appear, and the expectations have been more than realized. Gray's Anatomy has long been the standard. There are differences between this work and Gray. This to the profession may seem to indicate that one is wrong, and this leads to a criticism which is due both works, namely, that in anatomy variations from the standard are the rule rather than the exception, and this fact is hardly hinted at in either work, and though the practical anatomist soon learns the condition, it is confusing and discouraging to the medical student. What is considered typical in anatomy may and often does depend on the personal observer, and the true text-book is rather a

guide or handbook to anatomy, which can only be well studied from a cadaver.

Another query arises in studying this text-book, and that is, How long shall the old custom, when anatomy was the stepping-stone to a professorship of surgery, mold our methods? Why there is need, in this work, of showing the vessels exposed for ligation any more than of plates of pathology is not apparent to the reviewer, and in fact, there is present in every cadaver one or many pathological conditions which the medical student fails to understand and might well serve as subject-matter for much instruction. But adverse criticism should hold a relatively small place in considering this book. It is admirably arranged. It is concisely written and profusely illustrated and the illustrations are usually very good. The colors in which most of the illustrations are printed will appeal strongly to the student.

The nomenclature is modern and many synonyms are given. The size of the book is rather a surprise, for, with the space required for the illustrations and the matter not found in Gray, one would look for a larger rather than a slightly smaller volume. An especially desirable feature is the series of illustrations of the various synovial sacks distended and so labelled. In the matter of printing the publishers have more than kept up their good reputation. A clear type on good paper with a fair margin and careful binding are among the best points from the artistic standpoint. The flexible waterproof leather binding is to be commended not entirely because of the suggestion that it can be laid on the cadaver for reference, for such use is not always conducive to the most careful dissecting. It can, however, be folded or cleansed as occasion may require.

Taken as a whole, it is the best single work for the student and general practitioner, and that is surely a most worthy distinction.

A. H. P.

THE TWELVE TISSUE REMEDIES OF SCHUESSLER, COMPRISING THE THEORY, THERAPEUTIC APPLICATION, MATERIA MEDICA, AND COMPLETE REPERTORY OF THESE REMEDIES. By William Boericke, M.D., and Willis A. Dewey, M.D. Fourth edition, rewritten and enlarged. Philadelphia: Boericke and Tafel. 1899. pp. 424. Price, \$2.50, *net*.

Compilation by the authors from every available source renders this latest work on the tissue remedies a complete exposition of the subject in all its bearings. Their treatment is indeed comprehensive and exhaustive, embracing the theory of these remedies, their preparation, dose, biochemic and homœopathic relationship, etc., their

materia medica, symptoms, common names, chemical data, physiologica-chemical data, general action, characteristic indications, homœopathic data, administration, and relationship ; their therapeutic application, comprising indications and clinical cases alphabetically arranged, and, lastly, a repertory planned upon a pathologico-anatomical basis. It will be generally agreed after a perusal of this book that, while there are drugs other than the tissue remedies without which the therapeutic resources of the profession would be sadly lessened, those selected by Schuessler as of preëminent worth are certainly deserving of more frequent application than they have had heretofore. We think they should also have a more thorough and systematic proving that their actual value may be more accurately known, although a great deal of reliable information is furnished in Drs. Boericke & Dewey's latest work.

PRACTICAL DIAGNOSIS. THE USE OF SYMPTOMS IN THE DIAGNOSIS OF DISEASE. By Hobart Amory Hare, M.D., B.Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Fourth edition, enlarged and thoroughly revised. Illustrated. Philadelphia and New York : Lea Brothers & Co. 1899. pp. 623. Price, \$5.00, *net*.

The majority of the profession are probably as familiar with Hare's "Practical Diagnosis" as with its companion volume, "Practical Therapeutics." Both are good books to possess. The former has a flavor of novelty among works on diagnosis, due to the characteristic arrangement of its text, which gives symptoms first, the natural order in actual clinical experience. This arrangement has its advantages and disadvantages, the former more apparent perhaps, for the student and younger practitioner than for the man of long experience, who possesses that sixth sense of intuition to aid him in diagnosis. However, the book is a useful book for all. It is divided into two parts : —

Part I. The Manifestations of Disease in Organs, being largely regional.

Part II. The Manifestation of Disease by Symptoms, including general and special indications, such as fever, headache, vomiting, pain, etc.

The difficulties of differential diagnosis particularly are certainly lessened by this work. It seems also to be well abreast of the times, and is a volume that will certainly be chosen to the exclusion of many others when the physician has a few hours to devote to the quiet study and review of his cases.

REPRINTS AND MONOGRAPHS RECEIVED.

Infection after Abdominal Operations, and its Treatment. By Hunter Robb, M.D.

The Opening of the New Lakeside Hospital. By Hunter Robb, M.D. Reprinted from the *Cleveland Medical Gazette*.

The Conservative Treatment of the Myomatous Uterus. By Hunter Robb, M.D. Reprinted from the *American Journal of Obstetrics*.

A Case of Endothelioma Lymphangio-matodes of the Cervix Uteri. By Hunter Robb, M.D. Reprinted from *Transactions of American Gynecological Society, 1898*.

The Influences of Extirpation of the Ovaries upon Structural Changes in the Uterus. Abstract by Hunter Robb, M.D. Reprinted from the *Cleveland Medical Gazette*.

GLEANINGS AND TRANSLATIONS.

PULMONARY TUBERCULOSIS. — A report of seventy-eight cases of pulmonary tuberculosis, treated at the Winyah Sanitarium, at Asheville, N. C., in 1898, with watery extract of tubercle bacilli, by Dr. Karl von Ruck, appears in the February number of the *Therapeutic Gazette*.

The author giving due credit to the advantages of the favorable climate of the Asheville plateau, as well as to the systematic employment of hygienic and dietetic methods in a special institution, shows nevertheless by his results the unmistakable favorable influence of this preparation, which he perfected in his laboratory in February, 1896.

He with many others, notably Professor Koch, have long realized that the bodies of tubercle bacilli contain a soluble substance, a proteid upon which the curative action of all tuberculin preparations and modifications must depend, small and variable quantities of which were thought to enter into the culture fluid from which the tuberculin preparations are made.

Experiments upon animals have shown that the injection of dead tubercle bacilli produce both curative and immunizing effects, but they have always produced abscesses at the point where they were injected, and often spurious tubercle in the animals experimented upon, conditions which seem to preclude their use in the treatment of human tuberculosis.

A solution of the tubercle bacilli, without injury to the curative proteids, was therefore naturally sought for, and in April, 1897, Professor Koch announced that he had accomplished this in the production of Tuberculin R., which was then given to the profession.

Several weeks later Dr. von Ruck announced his success in also making the desired solution, and communicated his experiments and methods in a paper read before the American Climatological Association, and published in its transactions for 1897, and also in the *Therapeutic Gazette* for June, 1897. His method of preparation differs from that published by Professor Koch, and is briefly as follows : —

The tubercle bacilli are filtered out of the rapidly growing and highly virulent culture. After washing with distilled water for the removal of the remains of the culture fluid, they are dried in a vacuum desiccator. Next they are powdered in an agate mortar and then extracted with sulphuric ether. This extraction removes the fats. They are again dried and powdered as before, and their further extraction takes place in sterilized distilled water over a water bath with a temperature of 120° F. The proteids becoming dissolved in the distilled water, the fluid is then decanted and filtered through porcelain, when finally the amount of proteids is determined, and the preparation standardized to a certain per cent.

Professor Koch simply triturated his tubercle bacilli and then put them into distilled water and separated the undissolved germs with a centrifugal machine. His preparation did not, however, pass through a porcelain filter, and it was subsequently shown that when an attempt of filtering through porcelain was made, a residue collected in the filter consisting of tubercle bacilli.

Virulent infection followed the injection of this residue in

animals, and for this reason Professor Koch was obliged to withdraw his Tuberculin R., it being an emulsion of tubercle bacilli and fragments of such, rather than a true solution.

Koch's claim that in a true solution of the tubercle bacilli the final perfection of a specific remedy was attained would appear to be verified by the results which Dr. von Ruck reports.

He treated with his watery extract twenty cases in the early stages, all of which recovered, with an average gain of eleven pounds in weight, and subsidence of all symptoms.

Of 37 cases in a more advanced stage 27 recovered, 7 were greatly improved, 3 improved, and none grew worse, gaining on an average nearly thirteen pounds each.

Twenty-one cases in a seriously advanced stage were also treated, of which 3 recovered, 9 were greatly improved, 7 were improved; only 2 grew worse or died, there being an average gain in weight of ten and one half pounds each.

The remedy was also given for trial to Dr. Denison, of Denver, Dr. Taylor, of St. Paul, and Dr. Williams, of Asheville, all of which obtained good results. Dr. Williams, supplying the date of 12 cases treated by him with von Ruck's extract, shows 7 early stage cases, all of which recovered; of 3 cases in the second stage, 1 recovered and 2 were greatly improved, and of 2 far-advanced cases, 1 recovered and 1 grew worse.

Comparing his previous results with those obtained with the watery extract in von Ruck's institution, he shows the results as follows:—

	Cases.	Recovered.	Improved.
		%	%
Treated without Specific Remedies	816	12.1	31.0
Treated with Koch's original Tuberculin.....	379	35.5	37.5
Treated with Antiphthisin and Tuberculocidin..	182	32.5	46.8
Treated with Tuberculinum Purificatum (von Ruck).....	166	43.4	39.2
Treated with Watery Extract of Tubercle Bacilli (von Ruck).....	78	64.1	33.3

Among other matters of interest, the report also contains mention of Dr. von Ruck's efforts to produce a serum, as

suggested by Professor Koch, in his paper, by using Tuberculin R. and his watery extract for immunization. Dr. von Ruck used goats for this purpose, and injected them in increasing doses, reaching 70 c.c. per single dose in the course of six months.

Serum taken from these animals failed to protect or cure Guinea pigs, and finding his results entirely at variance with the claims of Dr. Fisch, he purchased serum from Dr. Fisch's laboratory, and treated a number of Guinea pigs, all with negative results.

These experiments are given in detail, and it does not appear that the degree of tuberculosis or its course was in any way modified by the injection of this serum; the control animals showing no greater progress in the disease than did those which were treated.

Full directions are given for the use of the watery extract, the beginning dose being 1-1000 of a milligram, and this is gradually increased to 5 milligrams. There are three solutions, No. 1 containing 1-100 of one per cent, No. 2 1-10 of one per cent, and No. 100 containing 1 per cent of the anhydrous extracts.

A RATIONAL METHOD OF RELIEVING ASPHYXIA IN THE NEWBORN INFANT. — Dr. S. Stringer (*Journal American Medical Association*) recommends that in cases of asphyxia the funis should not be severed, but the placenta immediately delivered, cleared of clots by means of hot water, and freely exposed to the air. He asserts that circulation will go on for several hours, and that by this method many children can be saved who must otherwise perish. The idea is that atmospheric aëration goes on, and that intra-uterine life is prolonged outside. The method seems worth a trial.

DRY AND RAINY REGIONS. — If the physician wishes to send his patient where precipitation is most frequent, it should be to the eastward of the lower lakes or to northern New England. If he wishes to send him for any reasons to

regions where rain is infrequent, and where anywhere from three to five months may elapse without rain, then the patient should go to the southwestern part of the United States. — *Mark W. Harrington, Chief of the Weather Bureau.*

TO REMOVE MOLES. — A very simple procedure will remove moles without having recourse to the knife, says a correspondent. Shave a match or sliver to as fine a point as possible, dip in carbolic acid and lightly touch the mole, care being taken to prevent the acid touching any other portion of the skin. Apply this every three or four days and the mole will gradually disappear, leaving the space clean and healthy. — *Exchange.*

ALUMNI DAY AND ANNUAL BANQUET OF THE ALUMNI ASSOCIATION OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE. — Thursday, May 4, is the date set for Alumni Day this year. Dr. Helmuth writes: "A carefully prepared program of the exercises is now being arranged by the faculty, and additional care is to be extended over all the named clinics, in order that the day may be one of instruction as well as of social reunion."

The annual meeting is the same evening at half-past six at Delmonico's, Fifth Avenue and 44th Street. The banquet follows and promises to outdo the successes of previous years, as an elaborate post-prandial program has been arranged. The price of the dinner will be four dollars, and all alumni and friends will be welcome. Send early for tickets to Chas. Helfrich, M.D., 64 West 49th Street, New York.

EDWIN S. MUNSON, M.D.,

Corresponding Secretary.

16 West 45th Street,
NEW YORK.

NOURISH THE SICK. — Nourish the sick and the success that merits favorable nutrition will crown the efforts that tend to rational nutrition of the body. The usual liquid dietary is of all procedures in the treatment and management

of the sick most irrational. I believe more typhoid fever patients die from bad food supplied to them and pernicious nutrition than die of the disease. For over twenty-five years, in a large general practice, I have abandoned the liquid diet course of nourishment in typhoid fever and give all patients a carefully selected solid food diet. As a result the mortality reports show a death rate in my practice of less than one per centum. Perhaps no statement could be more at variance with medical routine dietary directions in the care and treatment of typhoid fever. I believe that the large mortality in typhoid fever is caused largely by malnutrition, superinduced by enforced liquid diet in a mistaken conception of the use of solid food and the danger of bowel perforation. That extreme prostration is the immediate cause of most deaths from typhoid fever is established by post-mortem examinations. Through the kindness of a hospital physician I learn that in eighty-three post-mortem examinations made, not a single cause of death was recorded from rupture of the bowel, although the immediate cause of death, post-mortem, had been so assigned in the greater part of the death reports. The real, immediate cause of death in most instances was from so-called heart failure (insufficient muscular action of the heart to keep up the circulation of the blood). — *Dr. W. F. Barclay, in the Maryland Medical Journal.*

ACTION OF LEUCOCYTES DURING MENSTRUATION. — Two processes of peculiar interest are noticeable in this menstrual history — the behavior of leucocytes and the remarkable adaptability of the uterine mucosa tissue. The leucocytes are early attracted to the peripheral vessels, presumably by the degenerative changes which are going on in the tissue there ; they arrive in great numbers, but the waste products are otherwise disposed of, by the denudation of the superficial mucosa, before the great majority of leucocytes have time even to attack the offending degenerate tissue. Many of them are contained in the discarded tissue, but few migrate from the vessels, and large numbers are to be seen adhering to the ruptured walls of the vessels ; later they are

again seen within the newly formed vessels retiring from the field. This is what happens during healthy menstruation, but in cases of suppressed menstruation they are probably actively engaged, and in many diseases of the menstrual organ play a very important part. — *British Medical Journal*.

CONCERNING PHTHISIS. — From a recent London letter in the *American Practitioner and News* we quote the following: "Dr. Crichton Browne, in a discussion on the subject of providing sanatoria for consumptive patients, gave it as his opinion that if the present rate of decrease in phthisis cases continued, the disease would have disappeared in thirty years' time. To maintain the present rate, however, fresh measures would have to be introduced and of these agencies, the provision of fresh air and healthy sanatoria are among the prime requisites."

THERMOMETERS. — Not until 1603, when the researches of Sanctorius gave to the world her first thermometer, did the study of bodily heat become more than a subject of guesswork. As a matter of course, Hippocrates recognized the variations of surface heat in health and disease, but it was with him, as with many of his successors, a mere matter of the laying on of hands. — *Dr. Mark A. Brown, in the Medical Record*.

A NEW WAY TO DO IT. — In a recent number of the *Medical Era*, its genial editor relates the following amusing story: A certain Chicago Doctor was annoyed by a certain "Christian Scientist." The "C. S." stole this Doctor's patients. In so doing she smashed the code of ethics all to smithereens. She would solicit trade, which, in our noble profession, is very unprofessional. When this Doctor learned that the "C. S." was begging his patients to desert him in favor of the "C. S." and her infallible method of escaping the thralldom of disease, what did the Doctor do? Did he storm and rage? Did he scold and call names?

Not he. He took the matter quietly, calmly, and philo-

sophically. He yawned two or three times, and then he said : "Well, if the old lady wants patients, I'll send her some."

This Doctor had on hand two old "chronics" that had been passed on to him from a long line of other doctors who had tried their arts and failed. Thanks to the judicious use of stimulants and tonics the Doctor kept them braced up so that they were tolerably comfortable.

These two patients the Doctor recommended to the tender graces of the "C. S.," suggesting that it was about time to try another mode of treatment.

They went. They tried. They suffered.

The first thing the "C. S." did was to tell them to throw medicine to the dogs. Then she read to them a chapter out of Mrs. Eddy's book, and gave them an "absent treatment."

Deprived of their accustomed tonics and stimulants, for which the "absent treatments" failed to make adequate substitution, the two "chronics" ran down very promptly and rapidly.

At the end of a week they were both pretty miserable, and one of them not far from death's door, from which she was rescued only by the timely ministrations of the Doctor, who was hastily summoned, and promptly administered the accustomed tonics and stimulants. Soon both patients were restored to their usual state of ill health.

At the same time they recovered the use of their tongues, and regained full possession of their mental faculties. By the almost incessant use of these — except when sleeping — they industriously and vigorously denounced Christian science and all its doctrines and votaries.

They informed all the Doctor's friends and patients that it is a fraud, a delusion, and a snare, and in one short week nearly cost them their two precious lives.

As a consequence, the Christian science microbe has ceased work in that Doctor's vineyard. No more does the "C. S." solicit his patients, no longer is the code of ethics fractured, and the old splints have been removed.

We do not relate this incident approvingly, but simply as a faithful chronicler of the times.

PERSONAL AND NEWS ITEMS.

WANTED. — An assistant physician in a sanitarium. He must be unmarried. One with experience in general practice would be preferred.

Address "Sanitarium," care of Otis Clapp & Son, 10 Park Square, Boston.

DR. WILLIAM C. FARLEY, of Lawrence, Mass., has removed his office from Post Office Block to 8 East Haverhill Street of that city.

A RECENT graduate of Boston University School of Medicine would like to associate himself as assistant or otherwise with some practising physician, or as companion to an invalid.

Address "C. R. O.," care of Otis Clapp & Son, 10 Park Square, Boston.

SANITARIUM TO LET. — Two connected houses, twenty-eight high-studded rooms, on high land, in Dorchester, near steam and electric cars. Fine view, ample grounds, good neighborhood, good drainage, every convenience. Rent very reasonable.

Apply to "Dorchester," care of Otis Clapp & Son, 10 Park Square, Boston.

A PHYSICIAN of small capital looking for a location can hear of a good one, at a bargain, by corresponding with "S. J. G.," care of Otis Clapp & Son, 10 Park Square, Boston.

DR. GEO. H. TALBOT, of Newtonville, has just returned from Europe, where he has been spending the summer, giving special attention to diseases of the eye.

DR. JOHN H. LAMBERT, class of '99 B. U. S. of M., has located at 202 Merrimack Street, Lowell, Mass.

A RECENT graduate of B. U. S. of M., wishes a position as substitute for a physician, or as assistant. Address W. B. Guy, M.D., 169 Lippitt Street, Providence, R. I.

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COMMUNICATIONS.

THE PHYSIOLOGY OF VISION — A THEORY.

BY GEORGE H. TALBOT, M.D., NEWTONVILLE.

[*Read before the Boston Society, April 20, 1899.*]

The least of the few unsolved physiological problems is a satisfactory explanation of the act of vision. Beyond the most exact knowledge of the structure of the eye and the absolute certainty that the retina is the percipient function of vision, we know nothing of how we see. The luminous rays passing through the transparent internal or superficial retinal layer reach the layer of rods and cones, and here produce some change in the condition of the nervous elements.

It excites in this layer an action which is the first step in the visual process. The generally accepted theory is that the agency of light which falls on the retina produces some chemical alteration in the protoplasm which affects the optic nerve endings. The discovery of a reddish purple pigment in the outer limbs of the retinal rods and cones, the so-called visual purple, in certain animals that have been killed in the dark, appeared to offer some explanation of the matter, but subsequent investigation failed to find it in all eyes; and as it is absent in all cases from the macula lutea, it cannot be absolutely essential to the production of visual sensations.

It will not be necessary to more than remark that repeated experiments have proved conclusively that the sensitive elements of the retina are in the posterior layer, that of the rods and cones, and that the cones are more numerous, pro-

portionately, in the region of the macula; and in the fovea centralis, or the spot of most distinct vision, the cones alone are found. Hence the conclusion that the cones are the most essential to vision.

Light is due to the undulations of an exceedingly rare medium — the luminiferous ether, which is supposed to pervade all space and to exist between the molecules of ordinary matter.

It is the normal agent in the excitation of the retina. The more luminous the body, the more intense is the sensation it produces; and, on the other hand, in visual, as in other sensations, the stimulus may be too feeble to produce a sensation. If it be increased sufficiently, it begins to cause effects which increase with the increase of the stimulation.

The analogy between light and sound is marked. They are both vibratory. The sound waves strike the tympanum and set up a corresponding vibration, which, conveyed to the intricate mechanism of the ear, give the sensation of sound. A certain sound is caused by a definite number of vibrations per second. Colors are due to the more or less rapid vibration of the luminiferous ether. Every color or shade is the result of a certain definite number of vibrations. What pitch is to the ear, color is to the eye.

Though we have never seen these waves of light, their lengths have been determined. Their existence has been proved by their effects and their length accurately deduced. The shortest waves of the visible spectrum are those of the extreme violet; the longest, the extreme red.

The number of vibrations, or waves striking the retina, per second necessary for the production of the sensation of red is about 451 millions of millions; for violet, about 789 millions of millions. Between these extremes, the infinite number of colors and shades are due to a definite number of vibrations for each.

There is no color generated by a natural body whatever. They have showered upon them, in the white light of the sun, the sum total of all colors, and the color of the object results from the colors that are not absorbed. Those that reflect or

transmit all colors in the proportion in which they exist in the spectrum are white ; those which reflect or transmit none are black. In other words, it is the portion that they reject, and not that which belongs to them, that gives bodies their color.

A study of the minute structure of the retina seems to show that the rods and cones are capable of vibratory motion ; and if light is due to a vibration, is it unreasonable to suppose that its perception by the retina is due to some effect of this motion on the rods and cones ?

Can there not be induced a vibration of a corresponding rapidity for each color or tint and cause sensations that, conveyed to the brain, give us a visual sensation of that color ? That is, to give us a sensation of red, the rods and cones must vibrate 451 millions of millions times per second.

But the eye as an organ of vision is not commensurate with the whole range of solar radiation ; in other words, it is not capable of receiving visual impressions from all the rays emitted by the sun.

Beyond the extreme violet of the spectrum, there is a vast afflux of rays which are totally useless as regards our powers of vision, and beyond this the eye ceases to be useful as an organ of vision, for though struck by waves of more rapid recurrence, they are incompetent to arouse a corresponding vibration in the retina, and so awaken the sensation of light.

Now if the sensation of light is caused by this vibratory motion, it follows that the sensation of color is produced in the same way, for white light or sunlight is but the sum total of all colors.

If an electric current be sent through a piece of platinum and the latter studied by a prism, it will be found that as the temperature of the platinum increases and the molecules vibrate more rapidly, all colors of the spectrum are produced in order. As each successive color appears, the color preceding it becomes more vivid. It is thus evident that there is no difference in the kind of vibrations of white light or of colors. The difference in sensation is caused by the difference in the rapidity of vibrations alone.

It is generally assumed that the form of an object is its distinguishing visual property, but if we are right in our premises it follows that its color should be the property that renders it visible. If all objects were of the same color, could there be any visual sensation of form? The vibrations striking the retina being all of the same length, we should have a sensation of that corresponding color alone, without form. The color of a distant object is usually distinguishable before its form becomes evident. It is only by the various colors and shades that the objects about us are visible. In looking at two differently colored contiguous objects, are they not made more distinct by the contrast in color rather than by their form? Hence, does it not follow that it is color, rather than outline, that gives us vision? In other words, visual sensations are but color sensations.

The fact that ultra-violet rays are not perceptible to the eye proves that the rods and cones cannot be made to vibrate beyond a certain rapidity, for the same reason that there are sounds beyond the capacity of the ear to recognize simply because the tympanum cannot vibrate in unison with them. In like manner, color blindness exists because in some eyes there is this same lack of ability to vibrate in harmony with certain colors, as in some ears there is an incapacity to distinguish between certain sounds.

In looking intently at red letters on a white surface, after a time the eye tires of this continuous vibratory action necessary for the sensation of red and the letters look black; the retina, or rather the rods and cones, have become temporarily paralyzed and the vibrations cease, and instead of seeing a color, we behold only black, or the absence of all color.

To briefly summarize :—

Light is the normal stimulus to the eye.

It is the effect of undulations of the luminiferous ether.

Each color is produced by a definite number of undulations or vibrations per second.

The percipient part of the retina is in the rods and cones.

They are capable of molecular or vibratory motion.

When they vibrate in unison with a certain color, the sensation of that color is conveyed to the brain.

Visual perceptions are the result of different wave lengths or different colors affecting the layer of rods and cones and producing more or less rapid vibrations therein.

And finally, it is color rather than form or outline that enables us to distinguish between objects ; hence —

It is color alone that gives us distinct visual impressions.

DISCUSSION OF DR. TALBOT'S THEORY OF VISION.

BY DAVID W. WELLS, M.D.

The axis cylinders of nerves are susceptible to mechanical, thermal, chemical, and electrical stimuli, but are not sensitive to light itself, consequently the problem before us is to determine in what way the specialized end organs of the optic nerve can transform ethereal vibrations into some one or all of these four different kinds of irritant.

The theory which Dr. Talbot presents, the adaptation or attuning of various rods and cones to vibrate in unison with the different wave lengths from red to violet, is very fascinating, but it should be remembered that such incomprehensible velocities as "451 to 789 millions of millions" per second are possible in the realm of atomic and molecular vibration only.

The rods of the human retina are .06 mm. long and .002 mm. in diameter ; and though these dimensions seem microscopic, yet compared with molecular dimensions, they are immense.

Professor Dolbear estimates the diameter of a molecule of albumen, which is made up of more than 300 times as many atoms as a molecule of water, to be $\frac{1}{200000}$ mm., which is only $\frac{1}{400}$ diameter of a retinal rod.

Now the energy developed from motion depends not alone upon the velocity, but also upon the *mass* of the object moved.

The mass of one rod is 1,920 million times that of a mole-

cule of albumen, so that it would seem impossible that velocities of light waves could be imparted to these comparatively *large* masses. They would be consumed in their own heat.

The Doctor states that a "study of the minute structure of the retina seems to show that the rods and cones are capable of vibratory motion."

As the writer does not know what the evidence of this is, he is perhaps not qualified to decide that no modification of this vibratory theory could be true, but it is beyond his comprehension that visible particles of matter could vibrate in unison with light waves.

There remain three other possible modes of stimulation, thermal, chemical, and electrical. Omitting the thermal we come to the chemical, and here we have some facts.

Reference has been made to the visual purple, and the fact noted that it is absent in the fovea centralis. From this it was argued that it could not be concerned in vision, but it may have something to do with general light sense; it would certainly serve well in primitive eyes and in the peripheral parts of our own retinae where definition is not needed.

Moreover, its existence suggests that there may be other substances in the cones of the macula, which may be colorless and therefore not discovered, and yet undergo a chemical change to light and thus act as a stimulant. The primitive eye is a *pigment* spot, and its function to distinguish light from darkness.

Evolution seizes upon and perfects existing qualities.

The reaction of an unbleached retina is alkaline, but bleaching makes it acid.

Light causes a negative variation in the electrotonic condition of the retina.

From all these *facts* it seems admissible to assume that vision is the result of a chemical change which irritates the end organs, either directly or through an electric agency. The facts of color vision and color blindness are easily explained on the assumption of three separate substances sen-

sitive respectively to red, green, and blue light waves, as by varying combinations of these sensations the whole visible spectrum can be produced.

ELECTRICITY IN STRICTURES OF THE ŒSOPHAGUS.

BY DR. GEORGE B. RICE.

[*Read before the Electro-Therapeutic Society, September 15, 1899.*]

My first use of electricity in these conditions was prompted by an article which appeared in October, 1898, in the *Electro-Therapeutic Journal* on "Œsophageal Stricture Cured by Electrolysis," by Dr. H. C. Bennett.

I was then treating Mrs. Y., age thirty-four, who consulted me August 24, by the courtesy of her family physician.

The patient was pale and weak, thin in flesh almost to emaciation, despondent, bowels constipated, and she complained of difficulty in swallowing anything but liquids, and even those with increasing inability.

She gave a good family history, but her present trouble had existed for some three years, beginning without apparent cause and becoming gradually progressive. There was no pain and no sensitiveness on pressure. Examination of urine showed no marked abnormality.

After repeated attempts, a No. 6 bougie was passed into the stomach. Two strictures were found to exist, the first at the upper third, the second about an inch below this, but not exactly in line with it, the intermediate tissues being probably pouched.

At the next visit, August 30, by the aid of cocaine, a No. 7 sound was passed and an attempt made to pass No. 8. September 2, as no progress could be made, the patient was advised to go home for two weeks in the hope that better results could be obtained at the end of that time. Ignatia was prescribed and a special liquid diet of concentrated food arranged.

She came to me again September 19, slightly improved in

strength and in appearance ; but there was no improvement in the stricture.

Thinking a specific lesion possible, Potassii Iodidi in five-grain doses was prescribed, and the patient asked to report in a month. October 27, no change in condition of œsophagus. Continued Kali Iod. January 10, 1899, a gain in weight of three pounds, due probably to the special diet, but no other change noticeable. It was at this visit that the negative galvanic electrode was introduced. The size of the olive tip was equal to the No. 7 sound, and after some difficulty it became engaged in the first stricture.

A current of ten milliampères, *three minutes* interruptedly was used.

January 11, No. 8 passed both strictures without difficulty ; January 12, 9 ; January 13, 10 and 11 ; January 14, 12 and 13 ; January 15, 15 and 16 ; January 16, 16 ; January 17, 17 ; January 18, 18, 20, and 22 ; January 23, 22 and 24 ; January 26, 22, 24, and 26 ; January 27, 24, 26, and 28.

On this date her physician came to my office and after a little practice could pass the sounds as well as myself. He purchased a battery with milliampère metre attached and from this time on successfully carried out the treatment at her home in a distant town.

The patient wrote me February 16, 1899, that a thirty-two bulb could be passed without effort, that she had very little difficulty in swallowing carefully prepared food, and was in good health and strength. August 8, the doctor writes me, " The patient comes to my office once a week. I can pass a No. 44 olive with ease. Her general condition has improved in an even greater proportion."

On July 22, 1898, Mr. R., age fifty-seven, consulted me for difficulty in swallowing. As in the previous case, two strictures were found in the upper third of the œsophagus, and a flexible sound No. 22 could be passed through them without difficulty. The patient was in fairly good condition. By taking considerable time he could eat most soft foods, but he felt that the trouble was slowly increasing.

No cause for the condition could be learned and the patient

could not tell me when he first noticed the constriction. He had no pain, but at times raised blood-streaked mucus after eating. A straight-ridged sound could not be passed at this time.

After four months' treatment with flexible bougies it was found possible to pass a No. 10 olive, and a current of ten milliampères was applied for five minutes. The treatments after this were much interrupted, so that little continuous work could be done until February 11; at this time I could pass a No. 22 olive.

February 14, 22, 24, and 26; February 16, 28 and 30; February 20, 30 and 32; February 27, 30 and 32; March 8, 34 and 36; March 15, 34 and 36; March 23, 36 and 38.

The patient now has no difficulty in swallowing.

He has been treated from time to time since, but there seems to be no tendency for the strictures to diminish in size, even after intervals of a month between treatments. He was last seen September 8, 1899.

At present I have a similar case under treatment, which has resisted all ordinary methods of dilatation and from the present result I have no doubt of an ultimate cure.

The first patient reported would undoubtedly have found it either necessary to submit to a doubtful surgical operation, or would have slowly starved to death but for the relief afforded by the galvanic current.

PECULIAR CASE OF ECTOPIC GESTATION.

BY CHARLES W. MORSE, M.D.

The object of this paper is to bring up this case for discussion, not that there is any special claim for the treatment, but because we believe many cases diagnosed as early abortion are, in reality, extra-uterine pregnancy.

October 20 I was called to see a woman suffering intense colicky pains in the region of the left ovary. She was thirty

years of age, tall, nervous, anæmic, had menstruated a week and been well one day. The menstruation was apparently normal; that is to say, she usually had some pain the first day and the flow was quite profuse. She was the mother of a six-year-old girl, had miscarried two years previously at four months, a year later was curetted, and has enjoyed fair health ever since.

The patient was suffering apparently from an attack of tonsillitis, pulse 120, rapid and full, temperature 102°, skin dry, hot, pupils dilated, nervous, excited, face alternately flushing and blanching, twitching of the muscles of face and extremities, throat sore and painful on swallowing, tonsils enlarged, severe colicky pains in the abdomen, especially in the left ovarian region. She had recently contracted a cold and had been eating sausages that evening. Rx. bell. and ordered an enema.

Next morning called and found very little improvement, though a good movement of the bowels had been secured. Continued the bell., enema, and ordered turpentine stupes to be applied to the abdomen.

In the afternoon the flow began and increased rapidly in quantity, being dark in color, almost black, with shreds of mucous and disorganized tissue, twenty-five napkins being used in twenty-four hours. This flow gave some relief, and in a few days she was up and around, and for a week or more seemed to be convalescing.

Still, at times she would have severe pains about the left ovary, but not of long duration. Bowels moved regularly and she kept at work about the house.

November 9 she was seized with a sudden paroxysm of pain in the left ovarian region, throbbing, bursting, bearing-down pains, simulating labor pains, moving down and centring in the groin; when pains ceased in the ovarian region they went to the back with fourfold intensity. During the week previous she had been flowing afternoons so as to soil three or four napkins, but not at any other time. I made an examination, giving etherated air, and found a distinct tumor to the left and a little posterior to the uterus, the uterus being

pushed a little to the right; distinct pulsations of the blood vessels of the tumor could be felt. Tumor hard and tense about the size of a pullet's egg.

Pulse 130, temperature $104\frac{1}{2}^{\circ}$. Had cold chills that morning and was nervous and excited. Sent for Faradic current and used it immediately, one pole in the uterus and the other on the abdomen in the region of the tumor. Rx. apis.

That night she rested comfortably and enjoyed relief from pain such as she had not experienced before. Temperature dropped to 100° , pulse to 86. Diagnosis was ectopic gestation.

The high temperature and throbbing pains would indicate pus in the tubes; salpingitis; if an early uterine abortion there would not be so much suffering.

November 10 consultation was held, it having been urged the previous day as soon as the case was diagnosed. The consulting surgeon advised removal to the hospital for safety and further observation, which was done November 12, temperature having become normal. Flow stopped the 14th, but a yellowish discharge followed sufficient to stain napkins, bowels became constipated, necessitating daily enema.

Improved continually until November 20, no medicine having been given. That night at 12 P.M. was taken sick as before with severe pains in ovarian region. Temperature rose to 101° . Plans were made to operate next day, after consultation of five physicians.

During consultation a movement of the bowels eased her so much they decided the pains were menstruating, and decided to postpone the operation. Temperature returned to normal, and she left the hospital the 26th, having been there two weeks.

The menses stopped a few days after returning home, having lasted a week and thirty napkins used.

About December 5 the pelvis was X-rayed, three pictures were taken, and in each a light circle appeared in the region of the left ovary, as above described. The patient continued to improve, with only occasional dull pains, until the next menstruation, when she remained in bed five days. It ap-

peared normal, and since that time she has been enjoying her usual health.

A second X-ray photograph was taken April 9, when nothing unusual was observed. The object of these photos was diagnostic as well as therapeutic.

In examining the records of a number of cases of ectopic gestation we find there is no symptom or group of symptoms on which we can absolutely rely in differential diagnosis between this and early abortion. The usual symptoms given by writers on this subject as pathognomonic of this state are irregular hemorrhage, followed by longer or shorter delay of menstrual period ; second, discharge from the uterus of decidua membrane ; third, colicky pains.

The irregular hemorrhages resembling those encountered in ectopic gestation may occur in uterine pregnancy. There is nothing in the appearance of the blood indicative of one condition or the other, unless in uterine abortion the flow is apt to be more profuse.

It is true, an irregular flow or spotting encountered in a woman who has always been regular, but who has now gone one, two, or three days over time, should make us suspicious of ectopic gestation. The symptoms should put us on the alert, but we ought not to attach too much importance to it singly.

The question as to whether uterine hemorrhages, consequent upon a ruptured tubal pregnancy or tubal abortion, may occur before the onset of the next menstrual period, in other words, without amenorrhœa, must be answered in the affirmative. A number of such cases have been placed on record by reliable observers. In these cases rupture of the tube takes place before the time elapses for the next menstruation. A great stress has been laid by many writers upon the discharge of decidua membrane or tissues from the uterus.

There can be nothing more misleading than this symptom.

Firstly. There is no membrane discharged in a number of cases, the decidua being cast off in shreds or undergoing degeneration.

Secondly. It may be expelled in clots.

Thirdly. The patient will often say, when questioned, that she has passed a semi-organized blood clot.

Lastly, and most important fact. The most expert microscopist cannot distinguish between decidual tissue from uterine and tubal pregnancies. This last nullifies the advice given by some authors, to curette the uterus in suspicious cases, and examine tissues removed for decidual cells.

Colicky pains are characteristic. At one time they may be sharp and lancinating, and again resembling bearing-down pains of dismenorrhœa. They may simulate ordinary colic or labor pains, or throb like an inflamed ovary.

Fainting spells are the strongest and most suspicious symptoms, especially in very anæmic subjects.

Classical cases with slight enlargement of the uterus and readily distinguishable elliptical tumors behind or to one side of the uterus are very important, and must be differentiated from ovarian tumors, salpingitis, retroflexed pregnant uterus, appendicitis, etc.

ON THE USE OF ELECTROLYSIS IN FACIAL BLEMISHES.

BY JOHN F. COFFIN, M.D.

[Read before the National Society of Electro-Therapeutics.]

Electrolysis has become so firmly established as a method, of treatment of certain facial blemishes that any further consideration of it seems almost superfluous. Nevertheless, as a good thing can hardly be too often brought to our notice, I propose very briefly to refresh our memories, perhaps, concerning the class of diseases to which this treatment is especially indicated.

In an article published some time since by Dr. Hardaway, of St. Louis, he thus tersely states the sphere of action of this therapeutic agent:—

“From a consideration of the nature of this agent and its mode of action, it may be claimed for it, that when thorough

superficial destruction is required, and this with a minimum of local disturbance, subsequent scarring and relatively slight pain, there is nothing comparable to it."

The class of growths to which this treatment is especially applicable are hypertrichosis, warts, moles, small tumors of all kinds, nævi and hypertrophied or badly puckered scars. Its results in hypertrichosis are too well known to merit further consideration at this time. Suffice it to say, it is the only successful way of permanently removing superfluous hair at present known.

In warts, moles, and small tumors it is eminently successful, completely removing the growth and leaving, if any, a soft, smooth, flexible scar, which becomes much less noticeable as time elapses after the operation.

The result depends much on the technique and judgment of the operator. For small growths other than warts, it is best to attack them from above, being careful not to destroy too much tissue at one operation, better results being obtainable by repeated applications than by trying to remove the whole growth at one sitting. In the removal of warts my experience has been that the tissues must be removed somewhat below the surface level in order to insure non-recurrence, and to do this, the needle should be inserted at the periphery of the growth on a level with the skin, piercing the wart laterally.

In talangiectetic nævi of any size my results have not been as satisfactory as the published reports of others have led me to expect. By the method of multiple puncture I have at best obtained but a mottled appearance of the surface, while by the introduction of the needle beneath the growth I have obtained irregular linear scarring. The experience of others on this point will, I hope, be forthcoming, and will I know be of interest to us all.

As an auxiliary to the arsenical treatment of small epithelioma, where the border was markedly elevated above the surrounding skin, I have found it of great benefit. The destruction of the raised border previous to application of paste by electrolysis instead of by the curette is accomplished

without any bleeding and with much less pain to the patient. I have never relied on it entirely to destroy growths of this character.

One case in which this agent acted well seems to me sufficiently unique to merit its presentation. A young woman, wife of a physician, was brought to me by her husband for a very painful clavus or corn on the ball of the foot, just posterior to the web between the first and second toes. It was very painful, so that the patient could with difficulty walk on it, the sensation being that of a needle being stuck into the flesh. The spot had been cauterized several times, but with no permanent result. Examination showed a minute callous spot, resembling a corn, no larger than a pin-head, but exquisitely sensitive; this I destroyed quite deeply with the electrolytic needle. After healing it was better, but not well, and I made a second application, this time destroying a little more tissue in the shape of an inverted cone, the apex being fairly deep. After healing, a complete cure seemed to be effected.

Concerning the technique of the operations I have nothing new to offer. I myself prefer for the positive pole a metal disc covered with absorbent cotton, which can be freshly applied for every patient. I have tried the water electrode recommended by Hardaway, but it was not satisfactory either to the patient or myself.

In my judgment, the current should always be measured by the milliampère metre, and the greatest tendencies to mistakes lie in the use of too strong a current and the ambition which leads to doing too much at one sitting.

CONVULSIONS FROM CAUSES EXTERNAL TO THE BRAIN.

BY N. M. WOOD, M.D.

[*Read before the Boston Homœopathic Medical Society, June 1, 1899.*]

Among the many calls for the services of the physician perhaps none receive more immediate attention than the one

so commonly heard — “Come to my house just as quickly as you can ; my child is in a convulsion.”

The phenomena of convulsions are so well known to all of us that I will not describe them, but will briefly discuss some of the causes for such violent involuntary muscular action, and will consider only such as can be said to be due to causes outside of the brain.

The exciting causes include a wide variety of pathological conditions, but most of them can be classed under two general heads: (1) reflex irritation and (2) toxic influences.

Where the susceptibility is great, the exciting cause may be a trivial one. Many children seem to inherit a neuro-pathic constitution, and the least irregularity from the normal in diet or health may cause convulsions.

The most common cause under the first heading is gastro-intestinal irritation, due to taking improper food for the digestive ability of the child, as baked beans, sausage, and berries, for one two years old. These act directly upon the sensitive nerve and organs in the villi, and they transmit the objectionable and abnormal impulses received to higher centres in the cord and brain. These impulses pour in upon these higher central governing stations in such a perfect fusillade that they lose their power as systematic nerve force regulators, and a general storm, as seen in a convulsion, follows.

Among other examples of reflex irritation are burns, fractures, various forms of colic, retention of urine, phimosis, and intestinal strangulation. Intestinal parasites undoubtedly cause some cases, but much fewer than has been commonly supposed. Dentition has much charged to it, but in most all cases it can truly answer, “Not guilty!” Fright and anger seem to be a cause in some cases. Congenital malformations occasionally constitute a cause in early infantile life.

Other conditions could be enumerated, but these illustrate fairly well the most common types, with their supposed pathology. The latter causes mentioned, of course, transmit their impulses from their own respective sites of occurrence.

Among toxic causes, the ones most commonly seen are

uræmia, asphyxia, and the virulent poisons of acute infectious diseases, especially of scarlet fever, pneumonia, measles, pertussis, and diphtheria.

Acute gastro-enteric infection, typhoid fever, malaria, and entero-colitis furnish many cases, most of which occur at the beginning of these diseases, but may occur late in the course of the disease, and are then due to the exhaustion of the nerve centres from prolonged defective nutrition, as well as the toxic causes and products of the diseases.

The causative factors and the pathological conditions of the so-called *uræmiac* convulsions and their allied phenomena in renal diseases make one of the most interesting and profitable fields for study in the medical world at the present time.

It is the consensus of opinion of those now best versed upon these subjects that there are several poisons in the blood current due to tissue metamorphoses that are constantly being excreted by the kidneys. Some of these poisons are not even named, but their specific effect upon animal organism is known. One has the power, when sufficient in amount, to cause convulsions. This one, with others, whose effects are narcotic, myotic, heat reducing, and salivating respectively, together with the potassium salts and urea, when retained in the system because of diseased kidneys, gradually charge the blood with poisons that are a source of grave danger to all the physiological metabolism of the body. The blood thus affected keeps on its ceaseless round, carrying all the time an ever-increasing amount of toxic material and less oxygen. The nerve cells throughout the whole system are constantly bathed in this poisoned current, and instead of getting nourishment and life, they are getting weakened and perverted until they can no longer either sentiently or automatically generate or control the nervous impulses, that it is their legitimate task to care for, and serious general convulsions follow.

Many a business man has repeatedly ignored warnings given him and kept rushing on in the race for success and money until he fell a victim of this powerful symptom of a serious malady.

Convulsions frequently occur at the onset of the acute infectious diseases, and are many times the first symptoms noticed by parents or nurses that there is anything unusual about the health of the child. As these come on suddenly in a child previously well, accompanied by high fever, there is some difficulty in stating what is the greatest causative element in producing them. The suddenness of the invasion may come as a shock to the nervous system and throw it out of its usual routine order, or it may be due wholly to the rapidly accumulating violent poisons overcoming the nerve centres, as in uræmia, particularly involving the heat centre. There may be, however, a special poison, as in uræmia, but now unknown, present in such great quantities as to be solely responsible for these attacks.

The medical chemists and bacteriologists of the future who shall succeed in isolating these germs and determining the character of their poisons will be assisting to solve some of the greatest problems of human life, and will receive the homage and praise of scientific intelligence everywhere.

In whooping cough, a condition of susceptibility arises from the peculiar character of the disease. Convulsions are here due in a considerable degree to *asphyxia*.

The same cause, together with defective nutrition, is very common in rickets. The pathological changes in asphyxia are of especial interest, as they seem to be somewhat different from those of the preceding types of convulsive factors. Any interference with the respiratory function, especially a slowing or irregularity of it, causes an oxygen starvation and an accumulation of carbonic acid. Various experiments have seemed to prove that the deprivation of oxygen is the chief factor, but that the final effect is also due to the distinct toxic effect upon living tissue of carbonic acid. The circulation of non-oxygenated blood through the lungs and the respiratory centre in the medulla oblongata is the cause of the powerful respiratory efforts of the first stage of asphyxia; it acts directly by stimulation of the respiratory nerve centre, and indirectly by the peripheral stimulation to the pulmonary branches of the vagi. As the inspiratory efforts increase in

force, the irritation extends to the centre of other movements besides those directly concerned in respiration, and soon general convulsions follow. A fact that ought never to be forgotten in such cases is that the *inspiratory* muscles are the last to cease in their work, and that in severe cases there is hope of saving life as long as these muscles are seen to act, for it is known that the heart beats even after these are still.

During convulsions from any of the foregoing causes, changes in the calibre of the blood vessels constantly occur with consequent anæmia and congestion of the brain. These changes are perhaps more results than causes, but they may in a measure help to continue and make more serious the character of such erratic movements.

Many other causes not even thought of may also come into the pathological conditions that we will never be able to understand, at least until we know much more of the mysterious and wonderful elementary process called life.

As it is not the intention of the writer to treat the subject before us at length, but merely to suggest some lines of thought concerning it, he will close this paper, which is good only for its brevity and the great amount that is left unsaid which may be brought out by those who follow in discussion.

JABORANDI. — The two remedies which have served me best in exophthalmic goitre are iodine and jaborandi. . . . Strangely enough, I have not found jaborandi anywhere recommended as a remedy for Graves' disease. Its pathogenesis contains a larger number of the more prominent symptoms of the disease than any remedy with which I am familiar. It gives rise, in full doses, to increased heart's action with pulsation of the arteries, to tremor and nervousness, to sweating and the subjective symptoms of heat, to redness of the skin, to diarrhœa and dysuria, to disturbance of vision, and to bronchial irritation with expectoration. In fact, the drug covers the symptomatology of the disease so clearly that it must not be given below the 3 x dilution, or aggravation will ensue. — *Dr. James Wood, in North American Journal of Homœopathy.*

EDITORIAL.

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

THE LATE DR. I. T. TALBOT.

In all the tributes that have been paid to the late Dr. I. T. Talbot, great admiration and stress has been laid on his tremendous energy, physical strength, and endurance for and love of, hard, unremitting work. This was the characteristic that appeared most prominently to his acquaintances and to his profession, so prominently indeed as to overshadow other and perhaps finer attributes of his character. That those finer sentiments were present in his life which made such a life possible, and, above all, the recognition of a directing power higher than himself, is amply shown by his own words in the following letter, which we have the author's permission to publish : —

HINGHAM, September 5, 1899.

My Dear Doctor Coffin, — The appreciative tribute recently made by Dr. H. C. Clapp to the services and character of the late Dean of Boston University School of Medicine, Dr. Talbot, is a noteworthy statement of many interesting features of his life. In that tribute Dr. Clapp lays special emphasis upon the physical endurance and ability to work possessed by Dr. Talbot as being the secret of success in his undertakings.

While this conclusion has the appearance of truth, it is but partially true. At the age of twenty-six he thus wrote to me : " Life is for me no blank. It was not given for nought. There are high and holy duties for me to perform, duties to those around me, duties to my God for which he will hold me accountable. There is a long life of usefulness before me, and till it closes, it is for me to rise above the trials which may fall to my lot. The God who has ever been my hope and trust will be with me if I am faithful in the use of the powers which he has given."

Thirty-five years later he wrote to an old professional friend and

adviser of his early youth : " I am now in my sixty-first year, but I hope to live to see some of the plans consummated which are now under way, for *the good of the profession and for humanity*." Thus in his own words, written in the flush of manhood, is stated the principle upon which his life's work was begun and carried forward — an ever-present sense of his responsibility to the Power that made him. Late in life, when his career was nearly ended, he truly said : " These things which I have attempted to do, and which I have done, have been for the advance of the profession and the good of humanity."

This, then, I should be glad to say to the young men in the profession he so loved, that during the forty-five years of his life which it was my privilege to observe, he never wearied, but was ever keenly sensible of his duties and responsibilities to his Creator, and *this* was the inspiration of all his labors and *the* secret of his success. His vision was not only clear, but single — that God's work for him to do, as long as he should live, was " for the profession and for humanity," and he never faltered in doing this work. With him it was ever onward, without haste, without rest, to the last second of his probation here on earth. Ideals, then, akin to these, must vivify work and consecrate it, whatever the self-denial, whatever the cost. By this way only can such a success be achieved as was won by Dr. Talbot in the medical profession at home and abroad and in the confidence of the community in which he lived and labored.

Faithfully yours,

EMILY TALBOT.

REPORT OF COMMITTEE OF AMERICAN INSTITUTE ON THE DEATH OF DR. I. T. TALBOT.

At a meeting of the committee appointed by the President of the American Institute of Homœopathy to draft resolutions on the death of Dr. Israel Tisdale Talbot, the following were presented and adopted : —

In accordance with the inexorable law which governs all created things, our colleague and ex-president of the American Institute of Homœopathy, Israel Tisdale Talbot, M.D., has been called to rest from his labors ; therefore,

Resolved, That we deplore the loss of one who, having the deepest interest in the cause of homœopathy, had done more than any other member to insure the growth and success of this Institute. Possess-

ing great executive ability, eminently gifted in the organization and government of large bodies, to him this Institute is indebted for its admirable constitution and code of by-laws.

We shall miss him at our gatherings, as he was rarely absent from our meetings, miss his words of counsel, his matured judgment in all matters appertaining to the furtherance of this body, miss his cordial greeting and his interest in each individual.

He could truly say, "I have fought a good fight, I have finished my course, I have kept the faith." We are confident "that henceforth there is laid up for him a crown of righteousness."

Resolved, That the American Institute of Homœopathy extends to his widow and family the deepest sympathy in their great bereavement; that these resolutions be entered on our record, and a copy be transmitted to his family.

HENRY E. SPALDING, M.D.,	} <i>Committee.</i>
HIRAM L. CHASE, M.D.,	
CONRAD WESSELHOEFT, M.D.,	
ADELINE B. CHURCH, M.D.,	
FRANK C. RICHARDSON, M.D.,	

THE NEW LABORATORY OF OTIS CLAPP & SON.

Did one have any doubts as to the present tendency of homœopathy towards growth he need only to visit the new and enlarged laboratory of Otis Clapp & Son to be fully reassured. The steady increase in the demand for homœopathic remedies, reliably prepared according to the now generally accepted standard of the Pharmacopœia of the American Institute, together with other preparations essentially homœopathic, has rendered it necessary for the above firm to extensively enlarge its laboratory accommodations.

About the first of last July, the four upper stories of a new building, Nos. 46 and 48 Eliot Street, were leased and have since been fitted up with every modern improvement which enters into the make-up of a complete laboratory.

Of these four floors, containing altogether about eight thousand feet of floor space, the first is devoted to the manufacture of triturations and trituration tablets and the storage

of the completed product, as well as a separate department for the storage and preservation of crude drugs. This floor space is divided into separate compartments with glass partitions, first for the sifting of the milk sugar, which is effected by means of a power sieve, second for the weighing and preparation of the drugs for the mortars, third the trituration rooms with a capacity of twenty mortars, and fourth a special room for the final bottling of the finished triturations. Electricity in all cases furnishes the power, and by thus separating each process the possibility of contamination by dust is reduced to a minimum. Porcelain sinks are used for the washing of mortars and all implements connected with the processes involved in the making of the above-named preparations.

The second floor constitutes the tincture room, and contains all the paraphernalia necessary for the making of tinctures. Among the many things of interest is a "pulping" machine for reducing to a homogeneous mass the green plants from which many tinctures are made. After having been reduced to a fine pulp by this machine, the mass is then macerated for a proper time, and after the liquid is drawn off, the residue is pressed dry in a powerful press. Porcelain sinks are here furnished in which the various utensils are washed previous to being dried in rooms constructed for that purpose.

The third floor is used entirely for storage, and the fourth floor for the manufacture of medicinal and proprietary articles, prominent among the last being the "malt and cod liver oil" which has deservedly become so popular. These new quarters are airy, light, and commodious, and altogether have every appliance for present work and room for future growth.

OBITUARY.

Dr. William John Winn was born in Bangor, Me., in 1856. He prepared for Yale College, but circumstances arose which made it impossible for him to pursue a college career,

and he went into mercantile life in the wholesale grocery business in Boston. In 1883 he gave up business and entered the Boston University School of Medicine, from which he graduated in 1886. He served as interne in the Massachusetts Homœopathic Hospital from 1887 to 1888. Soon after finishing his term there, he settled in Cambridge, where he resided until his death, June 21, 1899.

From the beginning of his practice, he felt an interest in surgery, which increased with the years of his practice so that he intended to devote himself to it exclusively, had his life been spared. In 1889 he was appointed as assistant surgeon on the staff of the Massachusetts Homœopathic Hospital. In 1895, Dr. Boothby having resigned, he was appointed full surgeon to fill his place.

In his surgical work, Dr. Winn was especially interested in surgical cleanliness. As a result of his care in this direction, he took the greatest satisfaction in the fact, that during his two summer services in the hospital, he succeeded in wholly avoiding suppuration in non-septic cases.

He was recognized by his colleagues as a skilful operator, a most careful diagnostician, and a most reliable man in the emergencies of surgical practice.

He had laid the foundation for a brilliant career in his chosen work, as his qualities were beginning to be widely appreciated by the other members of his profession.

As a man and a physician, Dr. Winn possessed the qualities of the highest integrity and most sensitive honor. He was extremely kind and thoughtful of others. He was beloved by his friends and respected by all who knew him.

He was a member of the American Institute of Homœopathy, the Massachusetts Homœopathic Medical Society, the Boston Surgical and Gynecological Society, and the Boston Homœopathic Medical Society. Of the last he was president from 1896 to 1897.

Taken away in the midst of a useful career, our profession has lost one of its most honored sons, and the community in which he lived one of its most valuable members.

EDITORIAL NOTES.

INTERNATIONAL CONGRESSES AT THE EXPOSITION
OF 1900.**Sixth International Homœopathic Congress.**

This Congress will be open to all persons legally authorized to practise medicine in their country. Persons not having this right may be present at the sessions, but will not be allowed to take part in the discussions.

The Committee of Organization seeks to put itself in communication with foreign physicians : first, to obtain special reports for each country, giving all facts concerning homœopathy since the last quinquennial report (London, 1896, the date of the present Congress having been advanced one year, on account of the Exposition) ; secondly, to secure papers on the different branches of homœopathic theory and practice. The papers are to form the subject-matter of discussion during the sessions and will be printed in the Report of the Congress. All papers should be in the hands of the Committee of Organization by the first of January, 1900. Such papers as may be approved by the committee will be printed beforehand and distributed to the members of the Congress who ask for them, instead of being read during the sessions.

The subjects of discussion are divided into the following groups : —

1. General medicine, physiology, general pathology, bacteriology, ætiology, diagnosis and prognosis.
2. Materia medica and pharmacy.
3. General therapeutics, posology, poly-pharmacy, isopathy, serotherapy, opotherapy, electrotherapy, hygiene.
4. Applied therapeutics, monographs, and observations.
5. Specialties, obstetrics, and gynæcology, diseases of children, dermatology, ophthalmology, otology, laryngology, surgery, odontology, veterinary medicine.
6. Varia, history of homœopathy, professional interests (teaching, propaganda, press, hospitals, dispensaries).

Different members of the Congress will be named beforehand to examine the papers concerning each of these groups and to prepare summary reports. Ten minutes will be taken for the reading of each of these reports. The discussion will begin immediately after; each speaker will have the floor for five minutes. The discussion may be closed by the President if it threatens to crowd out the discussion of other important subjects. The authors of papers, if present, will have the right to speak last, during ten minutes.

French is to be the official language of the Congress; but English, German, Italian, and Spanish may be used during the discussions, on condition that an interpreter is found among the members of the Congress.

Active members pay a subscription fee of 20 francs; those who are merely present at the sessions pay 10 francs. These fees, which are intended to defray the expense of correspondence, printing of papers and reports, etc., give a right, for both classes of subscribers, to a copy of the Report of the Congress.

The French homœopathic physicians offer the banquet to their foreign associates.

THE BOSTON FOOD FAIR. — From the 2d to the 28th of October, Boston will have an industrial exhibit at Mechanics' Building of special interest not only to the general public which desires amusement before instruction, but also to the more thoughtful representatives of the people, who realize how important the subject of pure, properly prepared, and well-selected foods is to the well-being of all. It is for physicians as well as for intelligent laymen to encourage and foster the growing interest in food supplies and food products. What the people in sufficient numbers demand, the people obtain; and a popular demonstration of the advantages of pure, scientifically prepared foods, such as is given by exhibits like the above, is calculated to stimulate a general demand for unadulterated products of recognized merit.

This exposition has other commendable features besides the principal one mentioned. Among them may be named the display of labor-saving devices for the housewife and her assistants, also the object lessons furnished by means of a perfectly appointed kitchen

and dining room, in which Miss Nellie D. Ranche of Chicago, a skilled exponent of the principles of domestic science, will give illustrated talks on the culinary art, the selection, utilization, preparation, and serving of food material. In another part of the building, nature studies are encouraged by mimic representation of camp life and the surroundings of a true sportsman's paradise; by live game, animals and birds, trophies of the chase, and views of forest, lake, and stream. Excellent orchestral music will be rendered daily during the exposition, and a number of well-known soloists will also be heard. An art gallery containing many celebrated paintings and photographs of famous people will be thrown open for the pleasure and profit of all.

SOCIETIES.

The National Society of Electro-Therapeutics held their seventh annual meeting at the Hotel Vendome on September 14 and 15, Dr. Clara E. Gary, the President, in the chair. There was a good attendance and the meeting was altogether interesting and instructive. The program was as follows:—

PROGRAM.

Thursday morning, September 14, at 10 o'clock.

1. Call to Order by the President.
2. Annual Address of the President.
3. Report of the Treasurer.
4. Appointment of Committees.
 - (a) On President's Address.
 - (b) On Auditing.
5. Report of the Secretary.
6. Report of Committees.
 - (a) Executive.
 - (b) Special.
 - (c) Standing.

Papers and Discussions.

1. Electrical Treatment of Œsophageal Strictures. J. Oscoe Chase, M.D., New York.

2. A Case of Obstinate Constipation. N. B. Delamater, M.D., Chicago, Ill.
3. The Use of Electricity in Facial Blemishes. John L. Coffin, M.D., Boston, Mass.
4. A Résumé of Three Years' Experience in the Therapeutic Use of Currents of High Frequency and High Potential. Frederick F. Strong, M.D., Boston, Mass.

Thursday afternoon, September 14, at 2 o'clock.

1. The Knife *v.* Electricity in Tubal Pregnancy. Horace Packard, M.D., Boston, Mass.
2. Practical Use of X-Rays in Surgery. Nathaniel W. Emerson, M.D., Boston, Mass.
3. A Surgeon's Opinion of the Use of Electricity in Stricture of the Urethra. Winfield Smith, M.D., Boston, Mass.
4. Surgical Operations Followed by Electricity. W. A. Paul, M.D., Boston, Mass.
5. Electricity in Stricture of the Rectum. H. P. Cole, M.D.

Thursday evening, September 14, at 8 o'clock.

Appointment of Nominating Committee.

1. Illustrated Lecture by Wm. Harvey King, M.D., New York City. "Construction and Principles of Static Machines."

Friday morning, September 15, at 10 o'clock.

Report of Committees.

(a) On President's Address.

(b) Auditing.

1. The Treatment of Œsophageal Stricture by Electricity. G. B. Rice, M.D., Boston, Mass.
2. Electricity in Ovarian Neuralgia. Geo. E. Percy, M.D., Salem, Mass.
3. Paper. Frank C. Richardson, M.D., Boston, Mass.
4. One Cause of Failure in Electro-Therapeutics. E. P. Colby, M.D., Boston, Mass.
5. The Necessity for Adopting a Standard for the Faradic Current. J. Emory Clapp, Esq., Boston, Mass.

6. A New Electro-Medical Apparatus. Hills Cole, M.D., Hartford, Conn.
7. New Static Electrodes with Methods of Using Them. H. E. Waite, M.D., New York City.
8. A Method of Controlling the Electric Light Current. W. Harvey King, M.D., New York City.
 - (a) Report of Nominating Committee.
 - (b) Election of Officers.

HOMŒOPATHIC SOCIETY OF WESTERN MASSACHUSETTS.

The quarterly meeting of the Homœopathic Medical Society of Western Massachusetts was held at Cooley's Hotel, Springfield, on Wednesday, September 20, beginning at 11 A.M. The following interesting program, a more detailed report of which will appear later, was presented :—

PROGRAM.

1. Non-Intervention with the Knife in Appendicitis. Elmer H. Copeland, M.D., Northampton.
Discussion : E. G. Tuttle, M.D., New York.
2. The Part Played by the Lymphatic Glands in Some Forms of Acute Infection, and the Results of their Participation. F. P. Batchelder, M.D., Boston.
Discussion : J. P. Rand, M.D., Monson.
3. Inguinal Hernia. J. W. Hayward, M.D., Boston.
Discussion : Carl Crisand, M.D., Worcester.
4. Dacryo-cystitis and Pure Homœopathy. W. P. Wentworth, M.D., Lee.
Discussion : David W. Wells, M.D., Boston.
5. The Surgical Treatment of Chronic Suppuration of the Middle Ear. George Rhoads, M.D., Springfield.
Discussion : E. A. Clarke, M.D., Worcester.
6. Congenital Stricture of the Rectum. Report of Case and Exhibition of Patient. O. W. Roberts, M.D., Springfield.
Report of Operation : Horace Packard, M.D., Boston.
Discussion : Lamson Allen, M.D., Worcester.

GLEANINGS AND TRANSLATIONS.

SARCOMA OF THE BREAST. — Sarcoma of the breast, in all its different varieties, is not a common affection when compared with carcinoma. Indeed, the breast is relatively less liable to sarcoma than the body generally — 9.4 per cent of the neoplasms of the whole body being sarcomatous in nature, while in the female breast, 3.9 per cent only are of this character (Williams). While the disease may occur at any period of life, it generally is found in women under thirty years of age, and may be “spindle cell,” “round cell,” or “giant cell” in form. The first named is the most common, and constitutes about two thirds of all the cases of sarcoma of the breast. The giant cell is the least frequent. It is not, however, uncommon to find two or all three varieties in the same tumor. The growth begins in the connective tissue around the acini; and when we remember how much connective tissue the mammary gland contains, we are surprised that sarcoma of that organ is comparatively so rare. As the tumor develops the acini are destroyed and the ducts distended. The gland tissue undergoes atrophy, and is more or less destroyed. The tumor is sometimes encapsulated, but the capsule is spurious, and belongs to and is a part of the malignant neoplasm.

Round cell sarcoma is soft, extremely vascular, grows with great rapidity, and is the most malignant of all the varieties. The patient may live for a year or longer, but life is often destroyed in three or four months. The form is sometimes known as *medullary sarcoma*. In the spindle-celled variety, local and general dissemination is not so rapid. The tumor is firm to the feel, round, smooth, or slightly lobulated. During the evolution of sarcoma, rupture of one of the new formed vessels may take place and blood be extravasated in the intercellular spaces; in this way blood cysts are common.

Rapid growth is one of the characteristics of all sarcomata, but occasionally a tumor of this nature may form in the breast and remain stationary for years, and then suddenly

develop its malignancy and grow rapidly, invading the neighboring structures ; or a fibroma or adenoma which has existed in the breast and been stationary for years may degenerate into a sarcomatous growth. — *The Virginia Medical Semi-Monthly*.

IN PROFESSOR KOCH'S PRIVATE ROOMS. — In his private rooms, if one is so fortunate as to see into them, will be seen a hundred canary birds. The temperature is of the warmth of a tropical everglade, which seems to suit the birds, for while I was in there half of them were singing enough to split weaker throats. Half of these are in cages covered with a coarsely meshed gauze. If you now examine closer you will see that near, perhaps in the cage, is a pool of stagnant water in which is some vegetation, moss, and mold. If outside of the cage it will be noted that there is a passage therefrom to the interior of the cage where the bird is. Now by a closer inspection the observer will note a single mosquito, or perhaps two or three. Elsewhere in the room will be seen generating pools, out of which the young mosquito is first feeling his new wings. Out of these apparently trifling processes have been elaborated the newer theories advanced and to be advanced by Koch on the subject of malaria. The malaria and the mosquitoes are both cultivated in the artificial tropical stagnant pool. As the canary sleeps at night the mosquito awakens and with his infected proboscis carries into the circulation of the canary the material which is to give the unsuspecting bird a first-class attack of malarial fever, the blood of the bird in due time showing the organic evidences, the plasmodia of the disease. Koch doubts the value of quinine in the disease and has said that so-called pernicious malaria is only a severe type of the disease, which has been made much worse because quinine has been employed. It may be that he believes the lack of quinine in Cuba was a blessing, but I fear that few who were about Santiago would agree with him. The specific cause of malaria is not a vegetable parasite, but animal, and so far, I believe, Koch has not claimed a possibility for the evolution of a serum

against the disease. The fact is that the greatest secrecy is maintained as to what practical result, if any, has been attained by Koch upon the subject, not even his students being in his confidence, but all believe in great things when the new book shall be published. — *Letter from Berlin, Medical Sentinel.*

MALIGNANT UTERINE DISEASE AT THE CLIMACTERIC.— Of all the diseased conditions that may stimulate the events of an ordinary menopause, this is by far the most important. The earlier stages of malignant disease often counterfeit so exactly the average menopause as regards hemorrhage that discrimination, other than by local examination, is impossible. The fourth and fifth decades of life, also the epoch of the menopause, are peculiarly liable to cancer, and numerous are the disastrous cases where cancerous manifestations have been construed as ordinary perturbations of the menopause. Therefore,

In all cases at the menopausal age, where hemorrhage is undue or persistent, a local examination is imperatively called for, to safeguard the interests of both patient and practitioner.

The time relations of the appearance of malignant disease at the menopause are threefold.

(1) Carcinoma may appear before the menopause has actually commenced, and its manifestations may insidiously supersede the excessive and frequent periods often occurring in pre-menopausal years.

(2) The hemorrhage of carcinoma may first appear a few months after the cessation of menstruation, when the bleeding may simulate that irregular return of the period so commonly seen. Only local examination can decide, if suspicions arise, and these are usually excited by the frequency and persistence of slight hemorrhage rather than by excess.

(3) Two years or more having elapsed since the last menstrual flow, uterine hemorrhage recurs; at first slight and occasional, then more frequent, and occasionally excessive. This is almost certain to be of cancerous origin; the re-

newal of active growth in the uterus after a well-marked dormant period can only spell malignancy. — *Dr. George Burford, in the Monthly Homœopathic Review.*

PREMATURE BALDNESS. — Some one said not long ago that the ideal symbol of faith was not the traditional maiden clinging to the Rock of Ages, but the bald-headed man confidently consulting the bald-headed specialist, and faithfully looking for relief for his bald-headedness. It is a very suggestive symbol of human limitations, but when hair follicles are gone it would take a special creative act to replace them and the hirsute appendage they furnish. The treatment of premature baldness, however, is not so hopeless if it is taken in time, and skin specialists are agreed that much can be done for the condition if properly treated by prophylaxis, and early attention. In these preliminary stages, and before the real beginning of the alopecia, properly so called, the cases come into the hands of the general practitioner. Too often he is prone to make little of them, or to consider that they are inevitably progressive anyhow, and so a deformity is allowed to supervene that is unsightly, and a cause of a great deal of annoyance to the patients.

Prophylaxis is especially important. Dr. Jackson in his "Manual of Skin Diseases"¹ insists on two things: the influence of heredity in these cases, and the ætiological importance of dandruff. Fathers and sons for generations may grow bald early, or the inherited peculiarity may have to be traced to the grandparents or some collateral line. Not all the children in one family in which baldness is hereditary are bald, but it will manifest itself in two or three of the children. The necessity for prophylaxis in these cases is evident. *Hygiene of the scalp* must begin at the very beginning of life and be continued persistently. Its details, as given by Dr. Jackson, are irksome, but most mothers whose sons are threatened with their father's early baldness will be perfectly willing to take the additional trouble; and as for the

¹ The Ready-Reference Handbook of Skin Diseases, by Geo. Thomas Jackson, M.D. Third edition, just issued. Lea Brothers & Co.

sons themselves, as soon as they come to the years of *indiscretion* (or vanity), which is generally considered to be about the age of fifteen, they can usually be depended on to take for themselves all necessary precautions to stave off the unwelcome parental inheritance.

As to dandruff, it constitutes, according to Dr. Jackson, the cause of 70 per cent of the premature baldness that occurs. Not that every one that has dandruff will become bald, experience is against that; but it is very often true that an error in the nutrition of the sebaceous glands causes sympathetic trophic disturbances in the hair follicles, and hair production ceases. In this class of cases early treatment is of the utmost importance. Lassar's method requires the taking of a good deal of trouble on the part of the patient, but it is deservedly popular because of its frequent success. In general, however, the cure of the condition causing the dandruff, which is now considered to be, in all cases, a form of eczema, seborrhoicum will stop the loss of hair. Persistence of treatment for months is necessary, but will nearly always be crowned with success if the condition was not too far advanced when treatment was begun. When there is absolute baldness it is extremely doubtful if anything can make the hair grow.

TUBERCLE BACILLI IN PROGNOSIS. — In estimating the value of results from the use of serum in tuberculosis (or of any other treatment), too much value should not be laid on the *number of bacilli* that may be found from time to time. As a prognostic sign I do not regard the number of bacilli in the sputum as of very much value. A number of slides taken from the same sputum are liable to show many variations in the number present to the slide. Nor is the number present an indication always of the virulency of the disease. The disease might be rapidly extending at many points and yet there be at the time but little coagulative necrosis, and consequently but few bacilli in the sputum, which itself might be scanty. Furthermore, the new centrifuge now coming into general use which will throw all the bacilli in a given mass of sputum together will give relatively larger

numbers than the old way, and unless all the sputum for a given time is examined will give unreliable results as far as prognosis is concerned. Valuable as is the sputum examination, as a diagnostic aid, the *rational and physical signs* furnish a better guide as to the exact condition of the patient and the value of any mode of treatment. Physical signs and constitutional conditions of temperature and pulse are still reliable and not to be discarded for laboratory methods of diagnosis or prognosis, valuable as these may be. — *George L. Richards, M.D., in the Atlantic Medical Weekly.*

POINTS IN THE ARSENICAL CAUSTIC TREATMENT OF CUTANEOUS CANCERS. — 1. The arsenious acid caustic treatment of skin cancers does not contemplate or depend upon the actual destruction of the new growth by the caustic.

2. The method is based upon the fact that newly formed tissue of all kinds has less resisting power than the normal structure when exposed to an irritation and its consequent inflammation. Hence, the former breaks down under an "insult" which the latter successfully resists.

3. If, therefore, the whole affected area can be subjected to the influence of an irritant of just sufficient strength to cause a reactive inflammation intense enough to destroy the vitality of the new cells, the older normal cells will survive.

4. Arsenious acid of properly mitigated strength is such an agent, and its application causes an inflammation of the required intensity.

5. It therefore exercises a selective influence upon the tissues to which it is applied, and causes the death of the cancer cells in localities outside the apparent limits of the new growth, where there is as yet no evidence of disease.

6. It is superior, in suitable cases, to any method, knife or cautery, which requires the exercise of the surgeon's judgment as to the extent to which it is to be carried. That that judgment is often wrong, and necessarily so, is shown by the frequency of recurrence under these methods even in the best hands.

7. It is applicable to all cutaneous carcinomata in which

the deeper structures are not involved, and which do not extend far onto the mucous membranes.

8. It is easy of application ; it is safe ; it is only moderately painful ; and its results compare favorably with those obtained with other methods. — *William S. Gottheil, M.D.*

A CURIOUS POCKET PIECE. — In the *New York Medical Journal* of February 4, 1899, Dr. William S. Gottheil describes a case in which a woman carried a piece of her own skull in her pocket for years "for good luck." She applied for treatment for a different affection, and it was discovered incidentally that a syphilitic periosis had begun again around the scar left by the ulceration from which her piece of bone had come twelve years before. As in the present case, she had not at that time attached sufficient importance to the matter to consult a physician about it. The sequestrum, of which she was quite proud, was an ovoid piece of bone measuring $2\frac{1}{4}$ x 2 inches, and was composed of two adjacent portions of the two parietal bones, the sagittal suture in the middle showing beautifully. Its upper convex surface showed the outer table of the skull intact. The under concave surface was composed mostly of cancellous tissue ; but all along the middle line, at the suture, the inner table was present, showing that at that place the entire thickness of the skull had been lost.

Apart from its curiosity, the case is of interest as showing the very extensive destruction of important organs that can take place in syphilis without systemic reaction or much personal inconvenience. The entire thickness of the skull had been destroyed, and the meninges necessarily exposed ; yet the inflammation had not spread to those membranes, and the patient had hardly considered herself sick.

A NEW DEPARTURE. OHIO STATE UNIVERSITY TO TEACH THE DIFFERENT SYSTEMS OF MEDICINE. — Dr. H. F. Biggar returned from Columbus last week, where the committee of the State Homœopathic Medical Society had a conference with Dr. Canfield, president of the Ohio State University.

The committee is composed of Drs. M. P. Hunt, of Columbus ; R. B. House, of Springfield ; and Dr. Biggar, of this city. This committee was appointed by the State Homœopathic Society to confer with the president and trustees of the Ohio State University in reference to gaining admission to the Ohio State University. It is expected that the doors of this university will this fall be thrown open to the medical teachings of the different schools.

President Canfield and the members of the board of trustees are very earnest in their endeavors to establish a medical college on the campus. — *Cleveland Plain Dealer*.

A NEW DEPARTURE IN ANESTHESIA. — Experiments in anesthesia by Dr. Bier, of Kiel, related by him in the *Deutsche Zeitschrift für Chirurgie* of April last, mark, according to the *Medical News*, July 1, a distinct step forward in painless surgery. Dr. Bier's idea is to produce general insensibility to pain, not by the use of an anesthetic like chloroform or nitrous oxide, but by applying a local anesthetic like cocaine to the spinal cord. Says the *Medical News* : —

By the bold expedient of throwing small quantities of very dilute cocaine solution directly into the spinal canal he attacks the nerve-roots and ganglia themselves as well as the non-medullated nerve-trunks before their emergence from the spinal column, and produces satisfactory anesthesia of the whole body beneath the nipple line. Insensibility is complete seven or eight minutes after the injection, . . . and continues for about three quarters of an hour. Strange to say, heat and cold perception and also the touch and pressure senses are preserved, but all impressions of pain are entirely obliterated. Because of this, and inasmuch as it seems incredible that the entire thickness of the large nerve-trunks should be permeable by the solution in so short a time, the inference is drawn that the pain-conducting fibres are placed at the periphery of the nerve-bundle.

Bier performed in this way severe operations . . . to the perfect satisfaction of the patients. By experiment on himself and a colleague he also proved that the anesthesia was absolute and its production unaccompanied by unpleasant sensations.

Unfortunately for the vogue of the new method, however, the after-effects are quite as undesirable and much more prolonged than those following chloroform or ether, and consist in dizziness, severe headache, nausea, and vomiting. As these symptoms do not put in an appearance till a number of hours after the operation, it is assumed that they are due merely to the disturbance of the cerebro-spinal system and not to any direct toxic effect of the drug, and it seems probable that modification of the solution employed may eliminate these difficulties.

While in its present form suitable only for individual cases where the use of the usual anesthetics is inadmissible, the idea is a very promising one and opens up a most suggestive field for investigation.

EMPHYEMA OF THE GALL BLADDER. — To sum up, in a general way, the chief symptoms leading to the diagnosis of empyema of the gall bladder are :—

1. Pain, and acute symptoms of inflammation, in the gall bladder region (muscular rigidity, pain on pressure, etc.).
2. Fever, chills, sweating.
3. The presence of a tumor.
4. Probably there will be a history of cholelithiasis.

Suppurative inflammations of the right kidney and also of the vermiform appendix when displaced must be excluded.

The treatment is surgical, and consists in incision and drainage of the gall bladder. It is usually wise to aspirate gall bladder before incising it. It is not necessary, neither is it always practicable, to suture a gall bladder into the abdominal wound. Gauze packing will often suffice to protect the abdominal cavity against contamination, before aspiration and incision; likewise after the establishment of drainage. — *Virginia Medical Semi-Monthly*.

CREMATION IN ENGLAND. — According to the annual report of the Cremation Society of England, there have been in the past year two hundred and forty cremations at Woking, an increase of sixty-seven, or forty per cent, over the previous year. At Manchester sixty-two bodies were cremated, at Glasgow twelve, and at Liverpool twenty-seven. The president at the annual meeting of the society traced its

history during the twenty-five years of its existence. With regard to the future he considered the reform of the system of registration of death was the most important point of their policy. The society hope shortly to construct a completely equipped crematorium in the neighborhood of London and to induce the Local Government Board to authorize cremation in all cases of death by contagious disease. The society congratulated itself on the fact that the Home Office was recommending that clauses giving power to erect crematoria should be inserted in municipal bills. — *American Practitioner and News*.

CANONS OF TREATMENT OF MALIGNANT DISEASE OF THE UTERUS. — 1. The sphere of therapeutics is (*a*) where the malignant disease has overflowed the confines of the uterus; (*b*) where metastasis to other organs has occurred; (*c*) where concomitant conditions (age, organic disease) preclude operative interference.

2. The sphere of surgery is the early stage of uterine malignant disease, and before metastasis or overflow has occurred. The early stage is eminently favorable for successful radical treatment.

3. Neither pronounced local symptoms nor marked cachexia are in themselves any bar to a successful issue; this is determined by the clear circumscription of the disease by the uterine tissue. The implication of glands is often quite late in the history of the disease.

4. Those forms of malignant disease whose clinical course is most rapid before operation (sarcoma, deciduoma malignum) are those most liable to recur after operation. For malignant tumors of some size, with a recent history of rapid growth, and especially if adhesions can be demonstrated, radical operation is undesirable; early recurrence is almost certain; and the growth is even more rapid than before. Therapeutic measures alone are here applicable.

5. Those forms of malignant disease of the uterine body whose clinical course is relatively slow (carcinoma, malignant adenoma) are least liable to recur after operation.

Every case of carcinoma or malignant adenoma of the uterine body is salvable, as long as the uterine lesion is definitely self-contained, and the remedy is immediate total hysterectomy. Delays are dangerous. — Dr. George Burford, Physician for Diseases of Women to the London Homœopathic Hospital, in the Monthly Homœopathic Review.

EXHIBITION OF A CASE OF STAMMERING WITH DEMONSTRATION OF METHODS EMPLOYED IN THE TREATMENT was considered by Dr. G. Hudson Makuen, of Philadelphia. The patient was a civil engineer, aged twenty-nine, who had stammered since the period of voice-formation. There was no assignable cause for the affection, which seemed to be the outcome of a congenital neurosis. The chief characteristic of the defect was spasmodic contraction of the muscles of the soft palate resulting in sudden closure, during attempts at vocalization and articulation, of what Dr. Makuen called the posterior palatolingual chink. These spasms were of variable frequency and duration and came on at most unexpected times. They gave the speech a peculiar jerky character and sometimes blocked it entirely. The defect was more pronounced in reading than in speaking. There was also a sort of mental hesitation and he could not always think correctly. In normal speech, the action of the muscles is entirely automatic, and when any of the mechanisms employed fails to perform its functions this automatic action becomes impaired, and it is the effort to control the lagging mechanism and to bring it into harmony with the other mechanisms that constitutes the chief difficulty of the stammerer. In this particular instance the respiratory mechanism was at fault. Resort was had to direct nerve-muscle training, that is, the singling out of the muscles with faulty action and by training them by means of voluntary exercises to properly functionate. This is superior to the indirect method which leads the patient unconsciously by means of approximately correct speech to use the muscles properly. The former method develops the nerves as well as the muscles and establishes a volitional control over the faulty mechanism.

GOITRE. — In simple goitre the preparations of thyroid prove effective in about two thirds of the cases, the results ranging from total disappearance of the goitre to a noticeable reduction in its size. Children and young adults are benefited in the great majority of instances. A favorable result is seldom obtained in adults. Increasing doses seem to procure the most satisfactory effects. The influence of the remedy is felt after the first three or four days in successful cases, and, in a month or so, the reduction of an average tumor will generally have been effected. In order to keep the goitre from returning, the administration of the remedy must be continued, the preparation being given in reduced quantities and at longer intervals.

The results have been practically the same whether fresh or desiccated glands or extract were employed. Its administration should be carefully watched, however, and the dose reduced upon the appearance of any outward symptoms. — *The Medical Dial.*

CHINESE PHYSICIANS. — The taking of a first dose of Chinese medicine is an ordeal which can be better imagined than described. It is invariably a bitter decoction. If the patient prefers, the herbs are given him in square pasteboard boxes holding about a pint each, and he "cooks" them at home. A Chinese prescription contains from ten to sixteen varieties of herbs, flowers, nuts, gums, barks, and roots. More than 3,000 species are classified and used as medicine, but of these only some 600 are in general use. Whether the patient takes the remedies at the sanitarium or at home, he is requested to present himself every day before the doctor for another pulse examination, so that every change in his condition may be noted and the prescription may be varied accordingly. The Chinese are clever chemists in the line of pharmaceutical preparations, and prepare many medicines for their own use in the form of pills and powders; but these are employed by the Chinese physicians in treating the ailments of white people only to a limited extent. The reason given is that the simple, hot decoctions of the fresh root or plant

are the best form, because the most readily assimilated into the system. — *William M. Tisdale, in Lippincott's.*

FEVER IN LONDON. — The governors of the London Fever Hospital are able to state that fever in London has been steadily decreasing for the last three years, and for the first time for several years the London Fever Hospital in 1898 was able to comply with all demands made for admission. The death-rate in the institution has been reduced to 1.5 per cent. — *Exchange.*

TREATMENT OF FURUNCULOSIS BY BREWER'S YEAST. — Dr. Brocq, of Paris, the well-known dermatologist, is an earnest advocate for the treatment of furunculosis with brewer's yeast. He first describes his own case, which had bothered him for years, and which was cured by the internal use of brewer's yeast, a teaspoonful twice a day. In three or four days the painfulness had disappeared, in four or five the inflammatory symptoms and the suppuration had vanished, and on the seventh or eighth day they wholly disappeared, and the boils cicatrized, leaving indurations, which remained as long as with any other treatment. Amongst the fifty other patients which he treated thus there were some who for years had suffered from furunculosis, and who were rapidly and finally freed from their affliction by this simple remedy — brewer's yeast. Fresh yeast had best be obtained every day, and shaken up in a glass of ordinary or mineral water, or even beer. In case of necessity, baker's yeast may also be employed, taking a piece as big as a hazelnut at each meal, dissolved in water. In general, the dose may be varied according to the tolerance of the patient and the degree of the disease — from three to nine teaspoonfuls daily. It is to be noted that there is a great difference in the activity of the different kinds of yeast, and that at times slight gastric disturbances, as eructations and diarrhœa, may be noted. In order to prevent recurrences, one should continue with the treatment as long as there is any inflammation or pronounced induration. Also in extensive acne, folliculitis, and certain

forms of sycosis. Brocq has obtained good results, though not as surprising ones as in furunculosis. He does not praise it as a specific, as quinine is in malaria or hydrargyrum in syphilis; but it is very agreeable, and renders operative measures and complicated dressings unnecessary. — *Wiener Medizinische Presse*, No. 17, 1899.

CORONILLA VARIA IN DISEASES OF THE HEART. — Poulet made a series of clinical observations on the action of coronilla varia on diseases of the heart. The drug was given in the form of an infusion or in substance in doses of one decigram (one and one half grains) four times daily. These observations convince the author that coronilla is an excellent cardiac remedy; it regulates the rhythm of the cardiac contractions, increases their force, works excellently in palpitation of whatever cause, etc. It has, besides, a very favorable effect on the digestive functions, in which respect it is very much superior to digitalis, which cannot be borne by many patients, causing nausea, vomiting, and diarrhœa. Coronilla is therefore especially indicated in those cases of heart disease which are complicated with disturbances of the digestive apparatus and with vertigo. Unlike most cardiac remedies, coronilla has no cumulative effect, is an excellent diuretic, and sometimes proves effective where strophanthus, sparteine, and digitalis fail. — *Homœopathic World*.

SUSCEPTIBILITY TO TUBERCULOSIS. — We find upon clinical evidence that man can be divided into two classes or groups; certain individuals cannot be infected with tuberculosis, while others can easily be infected.

Normally the human body is not favorable to the invasion of the tubercle bacillus. Before it can become good soil favorable to the invasion and reproduction of tubercular processes, conditions must be present either acquired or inherited that are out of harmony with the normal; then tuberculosis may appear never primarily, but always secondary to some other disease or disturbance in the normal functioning.

This view of the etiology is not only suggestive as to treat-

ment, but explains what in many cases would be irregularity and discord in character and progress of symptoms.

We find a wide difference in the susceptibility of individuals, and there seems to be a difference in races. Two physicians of Paris have described a group of people inhabiting St. Owens (a suburb of Paris) who appear to enjoy almost complete immunity from the scourge of phthisis. These observations bear on ninety-eight families, comprising 511 members, of whom none have succumbed to consumption since 1883. As a matter of fact, this immunity seems of long standing, for researches extending as far back as 1870 reveal no record of deaths due to this cause. In Paris tuberculosis is responsible for three deaths per thousand inhabitants per annum, and there it has been found especially fatal among nurses and hospital attendants. During the last ten years in Paris phthisis claimed 217 victims out of 595 deaths among hospital attendants in Paris alone. — *The Medical Advance*.

THE value of the X-ray in the discovery of renal calculi is now occupying the attention of the surgeons. Abbe has collected the records of twenty cases in which stones have been discovered by the radiograph. Regarding the technique he says: "Rubber tissue should be interposed between the patient and the plate to prevent perspiration. The fluoroscope is useless. The photographic plate must be placed well up on the patient's back, including the last four ribs. A wet plate may show nothing, but when dry and held up before the light gives good result. Photographs never show as well as a study of the negative itself. In all the cases reported subsequent operation showed the correctness of the photographic plate." — *The Clinic*.

LONGEVITY. — Servia takes the palm for longevity. It is said to have the greatest number of centenarians. There are 575 of them in a population less than 1,300,000 inhabitants. Iceland has 578, Spain 401, England and Scotland and Wales only 192, Germany 78, Norway 23, Sweden 20, Denmark only 2, Switzerland none.

CEREBRO-SPINAL MENINGITIS. — The outbreaks of cerebro-spinal meningitis are localized and rarely widespread. Country districts are usually more afflicted than cities. Winter and spring are the favorable seasons for the occurrence of epidemics. Where persons live closely together, as in large barracks, and under physically and mentally depressing surroundings, the disease seems most liable to make its appearance. European epidemics seem to demonstrate that young soldiers and recruits are very liable to contract the disease. In civil life, children and young adults are most susceptible.— *Medical Review*.

REVIEWS AND NOTICES OF BOOKS.

SAUNDERS' MEDICAL HAND-ATLASES. ATLAS OF EXTERNAL DISEASES OF THE EYE. By Dr. O. Haab, of Zurich. Edited by G. E. de Schweinitz, M.D., Professor of Ophthalmology, Jefferson Medical College, Philadelphia. With 100 colored illustrations. Price, \$3.00 net.

This is one of the Hand-Atlas series now being published by W. B. Saunders, pertaining to the external diseases of the eye.

It is divided into eleven sections, namely :—

- Examination of the eye in disease.
- Diseases of the lachrymal apparatus.
- Diseases of the eyelids.
- Diseases of the conjunctivitis.
- Diseases of the cornea.
- Diseases of the sclera.
- Diseases of the iris and ciliary body.
- Diseases of the lens.
- Diseases of the vitreous body.
- Glaucoma and diseases of the orbit.

The text is terse but explicit, and the chapter on examination of the eye is especially commendable. The illustrations, as in all the other books of this series of handbooks, are very fine and rank with the best illustrative work produced. Altogether this volume is fully in accord with the standard of the others in this series.

ATLAS OF DISEASES OF THE SKIN. By Prof. Dr. Franz Mracek, of Vienna. Edited by Henry W. Stelwagon, M.D., Ph.D., Clinical Professor of Dermatology, Jefferson Medical College, Philadelphia, etc. In one cap. 8vo volume of over 300 pages, with 63 colored plates and 39 full-page half-tone illustrations. Cloth, \$3.50 net. Philadelphia: W. B. Saunders.

It is with keen pleasure that we are introduced to another volume of this series of "Medical Hand-Atlases."

In respect to text, scope, illustration, and mechanical excellence, it compares most favorably with the high standard established by the earlier translations of the famous "Lehmann Medicinische Hand-atlanten."

Very rarely is it possible to secure at anything like the price indicated colored plates representing diseases of the skin, at once so accurate and in such convenient form.

The general discussion of the various skin lesions, as well as that portion of the text devoted to the description of the cases represented by plates, will prove of great value to both general practitioner and specialist, and particularly to those who do not have ready access to dermatological clinics.

A. E. P. R.

DISEASES OF THE EYE. A handbook of Ophthalmic Practice for Students and Practitioners. By G. E. de Schweinitz, A.M., M.D., Professor of Ophthalmology in Jefferson Medical College; Professor of Diseases of the Eye, Philadelphia Polyclinic; Ophthalmic Surgeon to Philadelphia Hospital; Ophthalmologist to the Orthopædic Hospital and Infirmary for Nervous Diseases. With 255 Illustrations and two chromo-lithographic plates. Third Edition. Thoroughly revised. Philadelphia: W. B. Saunders.

The appearance of a third edition of this book in six years is sufficient evidence of its appreciation by the profession, and the author shows how successfully he keeps his popular text-book abreast of advancing science. The volume has not only been thoroughly revised and enlarged, but special subjects have been added or materially changed.

The bacteriology of the conjunctiva and cornea, so zealously cultivated during the last years, has received marked attention. Roentgen rays for detecting foreign bodies in the vitreous, eucaïn, holocain, astigmatism, acute and chronic retro-bulbar neuritis, hereditary optic neuritis, diseases of the sinuses, color blindness and its

detection and the treatment of insufficiencies have been added or materially changed, bringing the volume up to date and making it with its clear and concise description of diseases, an ideal text-book and ready reference book for the practitioner. G. A. S.

A PRACTICAL TREATISE ON THE SEXUAL DISORDERS OF MEN. By Bukk G. Carlton, M.D. New York: Boericke, Runyon, and Ernesty. 1898.

This work of one hundred and sixty-eight pages treats concisely of those diseases which are peculiar to the generative organs of men. The subject-matter is treated in twenty-one chapters, each chapter being devoted to one or more pathologic conditions, with the etiology, clinical history, prognosis, and treatment. The local and dietetic treatment is given in detail, followed by a list of remedies the indications for which are explicitly given in the chapter on therapeutics. The book is an admirable one and extremely practical. No space is devoted to the consideration of mooted questions, but the latest and most approved ideas on these vexatious subjects are plainly and explicitly set forth. We can unhesitatingly recommend this little book to the profession.

A SYLLABUS OF THE COURSE OF LECTURES ON MINOR SURGERY DELIVERED ANNUALLY BY N. W. EMERSON, M.D., Associate Professor of Surgery, Boston University Medical School.

This appears as a very neatly bound book, giving in due sequence a synopsis of the lectures given by Dr. Emerson. Following the schema of each lecture are one or more blank pages for convenience in note-taking. It is in no sense a text-book, but a very attractive and convenient *note-book* for the use of the students who have the pleasure of listening to Dr. Emerson.

REPRINTS AND MONOGRAPHS RECEIVED.

Modern Possibilities in Chronic Catarrhal Deafness. By Sargent F. Snow, M.D. Reprinted from the *Laryngoscope*.

The Symbolism of Medicine. By Col. R. French Stone, M.D., Indianapolis, Ind.

Notes on the Absorption *versus* the Digestion of Milk. By L. D. Bulkley, A.M., M.D. Reprinted from *The Journal of the American Medical Association*.

Perichondritis and Necrosis of the Arytenoid Cartilage. By W. Scheppegegrell, A.M., M.D. Reprinted from *Annals of Otology, Rhinology, and Laryngology*.

Forty-Seventh Annual Report of the New York Juvenile Asylum. For the year 1898.

The Bertillon Classification of Causes of Death. Issued under the auspices of the American Public Health Association.

It will be of interest to our readers to learn that the price of the valuable "Repertory of the Tissue Remedies," by Dr. S. F. Shannon, has been reduced from five dollars to three dollars. This brings the book within the reach of all, and it should be on the shelves of every physician who makes use of the tissue remedies.

PERSONAL AND NEWS ITEMS.

FOR SALE. — A Harvard chair, with special embossed leather cover. Has been used but a short time and is in perfect order. Will be sold low, as owner is moving away. Apply to "R. M. B.," care of Otis Clapp & Son, 417 Westminster Street, Providence, R. I.

FOR SALE. — A practice which will net \$2,000 to newcomer the first year. Will sell cheap. Reason for selling: A better opportunity presents itself. Address "Cash," care of Otis Clapp & Son, 10 Park Square, Boston.

DR. JOSEPH T. O'CONNOR has removed his office from 18 West 43d Street to 29 West 45th Street, New York.

DR. A. M. CUSHING has removed from 175 to 137½ State Street, Springfield, Mass.

DR. FRANK C. RICHARDSON announces the removal of his office, on September 1, 1899, to 685 Boylston Street, Hotel Kensington, Boston, where he will devote exclusive attention to diseases of the nervous system.

DR. CHARLES E. LIBBEY, class of '97, Boston University School of Medicine, has removed from Nashua, N. H., to Danville, Vt.

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COMMUNICATIONS.

THE PREVENTION OF PREMATURE BALDNESS.

BY JOHN L. COFFIN, M.D.

[Read before the Massachusetts Homœopathic Medical Society.]

Of all the minor afflictions which come to humanity, none is borne with less equanimity than early loss of hair. The rapid decline in the thickness and luxuriance of nature's head covering with the prospect of a "billiard-ball" pate, or the alternative of a wig in the not-distant future, fills many a heart with dismay and hurries them to the physician, or the barber, or the sure-cure advertiser, or possibly all three.

What can be done for these unfortunates? Sometimes much, sometimes little, often nothing. Many, many times it is the old story of locking the door after the theft. The mischief has been done, or rather has been permitted, and the result must inevitably follow.

These cases are not in the class where an "ounce of prevention is worth a pound of cure," but where a pound of prevention is the only cure, and therefore I have deemed the subject worthy of your attention, and shall speak briefly of what may be done to prevent this annoying calamity.

We recognize as premature baldness, or Alopecia prematura, loss of hair more or less persistent, coming on before the age of thirty to thirty-five. These cases arrange themselves in two general classes, one class comprising those cases where there exists no disease of the scalp, Alopecia

prematura idiopathica, the other comprising those accompanied by some disease of the scalp, or symptomatic Alopecia; and in my own experience, the former class comprises mostly men, the latter class more women. Idiopathic baldness is most often hereditary, descending from father to son, although not all the sons of one father may be afflicted. These patients come, as a rule, when the baldness is already more or less advanced, and for them but little if anything can be done; the hair papillæ, on which the nutrition of the hair depends, is atrophied or entirely gone, and nothing can renew their integrity.

Those saddest words of Tennyson, "It might have been," are not inapplicable here, for many of these unfortunates might have been spared this misfortune had the danger been recognized and guarded against. Something can be done either to prevent or procrastinate this affliction by treatment, but the treatment should be begun the hour after birth and continued through childhood.

The vernix caseosa which covers the scalp at birth should not be scrubbed off within an hour or two with soap and water, but the head should be oiled with olive or sweet-almond oil and gently wiped with a soft cloth; if all the secretion is not thus removed it should be again anointed and left for twenty-four hours, when the same process should be repeated. After four days the head may be gently washed, dried, and immediately oiled, and in general it may be said that the scalp should not be washed oftener than every fourth or fifth day, and after each bath should be thoroughly dried and anointed.

During childhood the hair should be kept moderately short (in girls until about the eighth year, after which it may be allowed to grow long), and the scalp should be washed only as often as the necessity for cleanliness should require. Daily sousing of the head in water should be absolutely prohibited, and the presence of excessive dryness of the scalp or the beginning of dandruff shows a diseased condition, which should be treated at once. There is no more fatal mistake than the constant shampooing of the scalp for the

removal of dandruff. It does remove it for the time being, but it soon returns, worse than before. If the children of parents prematurely bald were treated as to their scalps along the lines indicated above, I am sure the development of their inherited tendency would be much delayed, if not prevented.

The second class, Alopecia symptomática, is made up of those patients who present as a concomitant some disease of the scalp, the most frequent being dandruff. Here the prognosis is more favorable, as the cure of the disease is generally followed by a cessation in the falling of the hair; and if the scalp has not been permanently damaged, a return of growth may be reasonably looked for. Besides dandruff, anæmia either localized in the scalp or a general anæmia; prolonged indigestion with consequent malnutrition; mental worry and anxiety; overwork of any kind; and, in short, any cause which tends to lower general vitality, may act to produce this affliction, and the treatment will be successful so far as we may be able to remove the cause and cure the local or systemic disease present. The prevention of these cases consists in the observance of the same hygienic principles for the care of the scalp as in the first class, and in addition, the early recognition and cure of dandruff.

ELECTRO-TRAUMATISM.

BY FRANK C. RICHARDSON, M.D.

By this term is meant the lethal and non-lethal effects of electric currents of high potential.

The very general and constantly increasing use of electricity in modern times has brought to the notice of the physician, and more especially the neurologist, a new and interesting class of cases the result of accidental shocks from powerful currents. The literature upon this subject is so meagre and so indefinite that further discussion seems desirable, and it is with this object in view that I present this brief paper, merely suggestive in character, to the society.

This subject is the more important inasmuch as these cases are rapidly finding their way into the courts as a basis of litigation, and it is necessary that we as physicians should be prepared to express at least an intelligent opinion in regard to the probable and actual effects of such injuries.

The passage of a high potential current through the human body is followed by exceedingly uncertain results, varying from immediate death to no effect whatever. Fifteen hundred volts is commonly supposed to be sufficient to produce death, and in the cases reported where very much more was received without lethal effect, it is probable that the entire current did not enter the body. The varying influences of electro-motive force, resistance, conditions of moisture or dryness, contact with metals, or the interposition of non-conducting substances, conspire to form a complex problem, and we are obliged to admit that the question of the necessary voltage to produce death involves so many variable factors that a definite answer is impossible. The alternating current has proved more fatal than the direct, and the danger increases with the rapidity of the alternations.

There has been considerable discussion in regard to the cause of death by lethal doses of electricity. It has been held by some observers that the electric shock paralyzes the heart, but experiments upon animals, post-mortem appearances, and in non-lethal cases resuscitation by artificial respiration, would tend to lead us to the support of those who claim that the respiratory function is primarily suspended and death is practically by asphyxia with secondary stoppage of the heart's action.

Indefinite as are these facts concerning fatal electric shocks, still more vague is our information in regard to the effects of non-lethal doses, and it is these we have to consider in the great majority of cases brought to our notice.

Dana, among others, believes that electric shocks which do not cause death produce no permanent effect. While, I think, most of us are convinced to the contrary, how few of us are prepared to explain to a jury what those evil effects are and just how they are produced.

A quite thorough search of the literature bearing upon the subject has failed to find any report of pathological change in the nervous system following death by electricity, and yet it is in this sphere that we find most of our symptoms in non-fatal cases. For this reason there has been a natural tendency to class all of these cases among the psychoses. While there can be no doubt that the majority of cases belong to this class, and that the symptoms are those of traumatic neurosis, brought about by the functional shock of the unexpected, aggravated by a traditional fear of the mysterious electrical force, nevertheless I think we have all met with cases where the conditions seemed different, the nervous disturbance more pronounced, the succeeding neurasthenia more profound, and the patient presenting symptoms indicative of a degree of nervous instability inconsistent with mere functional change.

To differentiate between these cases and the ever-increasing number of cases of traumatic neurosis following electric shock is extremely difficult. The chief data upon which I have based a diagnosis of genuine electro-traumatism are as follows : —

1. The voltage received. It is my opinion that true electro-traumatism can only follow direct contact with heavy currents of electricity, say four hundred or five hundred volts, and that cases of nervous disturbance following such accidents as the blowing out of fuses, shocks from telephone receivers, alleged injury from medical apparatus, and the like, should be classed as traumatic neurosis.

2. Development of symptoms. In electro-traumatism the symptoms are immediate and persistent, while in traumatic neurosis they are frequently delayed in development.

3. Absence of hysterical stigmata. This may be regarded as negative evidence in favor of electro-traumatism; although of course the two may coexist.

4. Prominence of vaso-motor symptoms. A very constant symptom of electro-traumatism has been, in my experience, marked vaso-motor disturbance, amounting in some cases to ecchymosis and local syncope.

5. Disturbance of equilibration, especially disturbed coördination of respiratory movements. Severe electric shocks seem almost invariably to derange the respiratory innervation, probably by combined action upon the bulbar centre and nervous paths. I have seen one case of persistent irregular respiration, and one case of modified Cheyne-Stokes respiration continuing for weeks after the accident.

It may be interesting to note in this connection the accurate observations recently made by Langendorf and Oldag on the result of stimulating the vagus by the voltaic current. They find that expiratory standstill or slowing is constantly caused by the closure of an ascending current, and during its flow. That inspiratory standstill or quickening is always caused by descending interrupted voltaic currents.

As to the method of production of the evil effects of electro-traumatism, the nervous system is undoubtedly the primary and principal sufferer, active nerve possessing peculiar electric susceptibility by reason of its properties as a conductor, with a core and a sheath. A study of the few such cases I have met with has led me to conclude that the more or less permanent damage from non-lethal electric shocks comes through nutritive changes in nervous tissue in consequence of primary severe irritation of vaso-motor and trophic centres.

These few fragmentary ideas are, I trust, but the nucleus of more precise and extended observations which further opportunity may make possible, and my excuse for presenting them at this time is the absolute dearth of literature upon the subject, and the desire to obtain further information from the experience of others.

THE IMPORTANCE OF CORRECTLY DIAGNOSING INJURIES TO THE HEAD.

BY W. LOUIS HARTMAN, M.D.

[*Read before the Massachusetts Homœopathic Medical Society.*]

Injuries to the cranium are very frequently met by the general practitioner and oftentimes are very hard to determine

their extent from their external appearance, as at times there will be no contusions which are noticeable upon the scalp and the skull may be found very extensively fractured. Of course we must look very closely at the different symptoms of concussion and compression of brain and determine, if possible, if we have concussion or compression. This is at times a very hard thing to do, as the symptoms are closely allied and one may be deceived in his case, notwithstanding the fact that he may be the most astute observer; so the only thing to do when in doubt is to make an exploratory incision through the scalp, and then determine the exact nature of the injury and govern your treatment accordingly.

We usually find coma with extensive fracture and depression, which is noticeable from the exterior, and the patient in a few hours will regain consciousness. We may find the same condition in a simple case of concussion. We may even have the injury to the extent of laceration of dura-mater, as in a case I will cite later.

It is always wise to determine without a doubt the exact nature of an injury to the cranium when there is the least symptom of fracture, as we may have a fracture and at the time have what may seem to be a complete recovery, and in six months, or possibly two years, there will develop some nervous trouble, such as Jacksonian epilepsy, as the result of a cicatrix caused by the original injury, which at this time will not be so conveniently and successfully managed.

We cannot always tell just how and what part of the nervous system will suffer. Suppose we have an injury over the sight centres, and before we decide just what the trouble is we have an atrophy of the optic nerve, an irreparable condition, and our patient has darkness before him the balance of his days. Could we ever forgive ourselves, knowing our negligence had been the cause of a patient's total blindness, had drawn a black shade over a patient's eyes, one that never could be raised by human hands? Those are unpardonable errors, as by careful inspection something might be discovered to prevent such a calamity.

With your permission I will cite a case wherein this occurred. Mr. L. P., aged 52, while coming out of the North Woods in September, 1896, riding on a buckboard, an old limb fell from the top of a tree, striking him on the head in line with the top of the ear, two inches posteriorly, the scalp being somewhat lacerated, but not sufficiently to expose the bone. He was dazed for a few moments, but rallied and drove for some ten miles to a railroad station, took train and rode twenty-five miles, where he was attended by a physician, who cleaned the wound thoroughly, on which he applied compresses of arnica, changing them frequently during the night. Next morning patient was considered all right. He went on about his business, thinking he was in as good condition as ever, until along the last of October. Being employed by a woollen manufacturer, one of his duties was to select qualities and colors of cloth which in his judgment would be most salable. He discovered that his sight was not quite as good, that his field of vision was smaller than usual. He did not mind this for several weeks, as it was slight at first, but as time went on his failing eyesight progressed, and he consulted his family physician, who declared that there must be some syphilitic history. This the gentleman protested against, as he said there was no such history in the family, neither was he affected in this way.

From his family physician he went to a noted eye specialist in New York, who declared it must be of syphilitic origin. The gentleman again protested, but it was of no avail, as they put him on the iodine and mercury treatment and continued this for several months. As he grew steadily worse under this treatment, he was examined for locomotor ataxia, but all symptoms, with the exception of unsteady gait, were lacking, and they decided that this was not the trouble. He visited several men after this without benefit. Strange to say, none of these gentlemen inquired into the history of a possible injury to the head; however, they were told of this injury, but did not place enough significance upon this part of the history to even make an examination, deciding it was an atrophy of the optic nerve, due to either

specific origin or diphtheria, which he had had some sixteen years previous.

I examined this patient in March, 1898, and found upon close examination a slight depression of the outer table of the skull, situated over the cuneus. My diagnosis was atrophy of the optic nerve as the result of pressure upon the cuneus, due to an undiscovered fracture at the time of injury in 1896.

Now you will say, why did you not operate? Simply because there was a complete atrophy of both optic nerves, therefore it would have been useless to have operated for that trouble, and then the time was so remote from the time of injury and there had so much change taken place in the brain tissue, that there was a question in my mind if an operation would have been justified. However, if there had been other symptoms developing in the case, I would have advised operation as the last resort, after having informed the patient of possible failure and then he would have taken the responsibility in the matter. There is no doubt in my mind had the gravity of his injuries been recognized at the time of occurrence and a button of the skull been removed, which would have relieved the pressure, a complete recovery would have been the result. Now, what other trouble has he staring him in the face? Jacksonian epilepsy, locomotor ataxia, paresis, etc. Let me say one word right here regarding locomotor ataxia and paresis. You will of course accuse your patient of having had syphilis the first thing when you see one of those cases. Now, if their answer is negative, do not at once believe them to be prevaricating, but see if you cannot elicit the fact that they have suffered an injury to the head.

Master J. A., aged 12, on May 30, 1899, about seven o'clock in the evening, was thrown from his wheel, striking right side of head on the pavement. Getting up quickly, he said he was not injured very much; had some pain in right side of head, which was considered of very little account. He was able to walk and was going to walk home, a distance of three blocks, when a gentleman who happened near the

place of accident drove him to his home. A physician was summoned, who thought there was no injury of any account. Patient visited with family during the evening until about half-past nine, when he said he thought he would retire; said his feet felt numb, but was able to walk and complained of very little pain. At this time another physician was summoned, who also said he would be all right in a short time, as there was no fracture. One hour later they tried to arouse him and found him in a comatose condition. At this time they despatched a messenger for me. I found him in the following condition. Profound coma, incontinence of the urine and feces, right pupil dilated, some twitching of the muscles of the lower portion of the body, stertorous breathing, pulse 48, respiration 14.

Examination of the head revealed a slight contusion. My diagnosis being fracture complicated with hemorrhage, I advised him sent to the hospital for immediate operation. At 1.30 A.M. I had patient on the table. At this time the pulse was intermittent and I feared death would occur before I could get the skull open. I made a horseshoe incision through the scalp, and upon baring the skull a fracture something over three inches in length came in view. Trephining the skull revealed a large clot. I enlarged my opening in skull sufficiently to thoroughly explore and proceeded to remove the clot, which to my surprise weighed over six ounces. This seems rather incredible, and I may say right here that I thought that I would never get through removing clots. When the cavity was thoroughly cleaned out, I found the middle meningeal artery spurting, and I had some trouble in controlling the hemorrhage from this, but succeeded after a little. There was considerable oozing, so I packed the wound with gauze. By this time the patient was quite near eternity, but by the use of salines, strychnine, and whiskey I succeeded in preventing him from passing over the river. He lay in a stupor for about eighteen hours, when he regained consciousness and was quite himself.

Everything went on very nicely until the eighth day,

when about 1 A.M. I was summoned to the telephone and was told that the patient had had a severe chill. I went to the hospital immediately, and upon being told that he had a temperature of 106.4°, I thought it was all up with him. Looking him over thoroughly, I found his pulse was good and that he was feeling very good indeed, so I told them to prepare him for the table at 9 A.M. At that time I found a slight bulging over where he had received the blow, and inserting my exploring needle to the depth of about an inch, I struck a bloody serum which was purulent. I evacuated this and packed with gauze. With the exception of a few minor troubles which I had with the wound, he made an uninterrupted recovery, and at the end of five weeks the wound was completely healed and he was discharged from the hospital.

If you will bear with me a little longer I have one more case, which to me was exceedingly interesting, which I desire to cite. Mr. C. E., aged 21, was sent to me with the following history. When a lad about seven or eight years old he fell through a bridge, striking on his head, receiving what the physician at that time called nothing but a scalp wound. It was allowed to heal, but within two or three weeks of the time of the injury he began to have a slight twitching of the leg. This would occur once or twice a week, continuing in this way until he was about twelve years old, when the spasms became more frequent. At this point it began to affect his memory. He could learn a lesson easily, but would forget it very soon. From this time on the spasms began to increase, loss of memory increased, and a look of imbecility began to appear until it was quite marked. When I saw him the spasms were coming on every fifteen or twenty minutes and they would last about thirty seconds. The leg would begin to twitch first, then the arm, and last the mouth on the right side. It had gone to the point where he had scarcely any use of his right leg and absolutely no use of his right arm; in fact, he was unable to even close his fingers. I watched the case very closely for about forty-eight hours, and at the end of that

time I was thoroughly satisfied that the epilepsy was of the Jacksonian type due to traumatism, and that the brain centre primarily involved was the motor centre of the leg. I had him prepared for operation. After putting him on the table I made my measurements, then making a horse-shoe incision I removed scalp and trephined over the leg centre. Rather to my surprise, I found that one side of my trephine was through the skull, while the other side was quite far from being through. I broke the button out, enlarged my opening, and found the upper side nearly as thick again as the lower side. I also noticed a slight depression on the skull, which could not be detected until the scalp was removed, and a pronounced evidence of an old fracture where spicula of bone had pressed on the duramater. Directly under this I inserted my exploring needle and found a cyst which contained eight drams of fluid. There was a complete sac which I was able to remove. Hemorrhage being very profuse, I was obliged to pack the wound with gauze. When patient left the table he was suffering severe shock, but recovered from this in about an hour. He had no spasms for about twenty-four hours after the operation and then he began with a slight twitching of the muscles, but not all the muscles involved prior to operation. They continued until I removed the packing, but after the packing was taken out permanently he had no more spasms. About four days after this he was able to close his hand and use his arm somewhat, and at the present time, two weeks after the operation, he has a good firm grip in the right hand, can use right leg as well as left, and has no more spasms or twitching of muscles. A great change has come over the expression of his face, the look of imbecility is fast passing away. This case to me is interesting from two points: first, that he complained of comparatively little pain for the great pressure which was being exerted upon the brain; second, that the use of his arm returned in such a short space of time and the rapidity in which this arm and hand has gained strength, also the marked difference in his memory now and before the operation.

The types of epilepsy which are cured by operation are those of the Jacksonian order resulting from injury which are not of too long standing and the cortex extensively involved. We are not doing our duty as physicians to those suffering with Jacksonian epilepsy if we do not open the skull and relieve the pressure, so as to give them a chance to recover if it is possible; but in all such cases it is not necessary to do this if the case is properly treated at the time of injury. When a case of injury to the head comes to our notice, the first thing we should do is to explore the wound thoroughly and determine if an injury to skull exists, and if the wound is not large enough, enlarge it sufficiently to make sure that all has been discovered that may exist. I have had two cases wherein no scalp wound existed where there was extensive fracture. So when we get coma after an injury it is always well to shave or perhaps cut the hair very close all over the head and examine very minutely for fracture of some description. Of course when you have hemorrhage from the nose or ears you will be able to arrive at some conclusion, such as fracture at the base; but if fracture exists in the upper portion of the cranium you will not get those symptoms. I observed one case where the fracture extended from the right temporal to the left frontal bones, but the fracture could not be detected until the head had been shaved.

Now the operation of simply opening the skull to relieve pressure is not very formidable; in fact, I cannot see any more danger in making an exploratory opening in the skull than making one in the abdomen, which we often do if we are not satisfied with our diagnosis. If it is done with all the aseptic precautions, the patient will be able to get about in ten or twelve days. For that matter, the same may be said about the operation for the relief of epilepsy, providing the cortex is in fairly good condition. *

We have at times injuries involving the cranium from which there is no trouble at first. The wound may seem so small and apparently only the scalp affected that it would seem hardly worth more than a passing notice. Some days

or possibly weeks may pass before there will be any trouble manifested, then we may get dull pain in any portion of the head, perhaps involving the greater part, with violent lancinating pains in the region of the old wound. We may have vomiting, mental depression with unsteady gait, a slight tenderness in and about the old cicatrix, and possibly find what is known as "Pott's puffy tumor," slight rise in temperature, acceleration of pulse, or possibly normal pulse. There may be several symptoms present pointing to some organic trouble of the nervous system. When we find this trouble we must always be on the alert for suppurative pachy-meningitis. This condition is the result of one of two things: first, there may be a small fragment of bone due to the original injury which has passed unnoticed which is ingrained with dirt and may be ever so small, yet sufficient to produce infection, while if it had been discovered at the time of injury and the bone been chiselled out where the dirt had been ground in, we could have avoided this trouble. It is always necessary where particles of dirt are seen in the end of the bone fragments to use chisel and cut that portion of bone away, as it is the only safe and sure way of getting all the particles of dirt from the fragments. On the other hand, this trouble may arise from a necrosis due to an injury of the periosteum at the time the scalp wound was received.

One other cause must not be overlooked, which is more liable to occur in old people than in young, and that is, erysipelas of the face and scalp, which is liable to set up thrombosis of the veins, which may extend into the cranium, thereby carrying the streptococcus into the membranes and possibly into the brain itself, so we can see how necessary it is to be very careful even in the slight scalp wounds. We should pursue the most profound caution in the treatment of all such cases, as the danger arising therefrom is not to be overestimated.

My aim in this paper has been to point out the importance of making a correct diagnosis of injuries to the head, and second, the vital importance of immediate operation if fracture exists; also of close observation of the most trivial wounds of the scalp.

THE DIFFERENTIAL DIAGNOSIS BETWEEN APPENDICITIS AND INFLAMMATIONS OF RIGHT OVARY AND TUBES.

BY H. P. PERKINS, M.D.

[Read before the Massachusetts Homœopathic Medical Society.]

The subject of this paper was chosen by the Chairman of this Section as being of interest to many of our members; but in presenting the paper, I ask your indulgence as to its scope. It is not an exhaustive essay to which the fellows have neither time nor patience to listen. In the briefest possible limits I hope to show what diseases of the right tube and ovary are commonly mistaken for appendicitis, and to determine what points, if any, we can rely upon to assist in diagnosis.

The possibility of mistake is not rare. In a very valuable article, Fowler, of Brooklyn, has shown more than twenty forms of simple and conjoined disease of the right adnexa and appendix in which the diagnosis was incorrect. Primarily, appendicitis is more apt to be mistaken for disease of the tube than such trouble for appendicitis. This fact hinges on what is practically an axiom — that in medicine, as in other pursuits, one naturally looks for the expected. The normal or abnormal woman being more prone to diseases of the appendages than of the appendix, in doubtful forms of inflammation the physician chooses the most likely.

Let it be understood that we are now dealing with those cases in which there is no doubt, for in the majority of cases in women as in men, the diagnosis is fairly easy. Given the sudden onset, the digestive symptoms with the pain, tenderness, and rigidity well marked in the region of the line running from the umbilicus to the anterior superior spinal process, the condition is evident.

A short glance at the topographical anatomy of the appendix, with its normal and abnormal relations, reveals the reason of uncertainty. The appendix may lie in various positions in the abdomen — above or below, in front of or behind

the cæcum, transversely across to the left side of the cavity or at an angle across. In over ninety per cent of all cases its normal base is found within a circle of one and one half inches in diameter external to the rectus on the line drawn from the umbilicus to the anterior superior spinal process. The meso-appendix reflected from the mesentery of the ilium has in the female a prolongation running to the ovary, bringing it at times nearly in opposition to that organ. Through this appendicular-ovarian ligament an extra supply of blood is carried to the appendix, and in its folds a chain of lymphatics has been demonstrated, giving direct communication with the ovary and aiding the possibility of infection.

With the appendix of its normal length of from two and one half to three inches, in most cases the pus of its inflammation lies in the region external to a line dropped from our first line to about the centre of Poupart's ligament. The appendix being of abnormal length, running over the brim of the true pelvis, the pus may be found in various parts of the basin, even invading the folds of the broad ligament or the pouch of Douglas.

It is thus seen how intimate is the relation of the tube and ovary to the appendix, and how the territory of the former may hold the inflammatory products of the latter.

The morbid conditions of the adnexa, which are liable to cause trouble in diagnosis in view of the possibility of abnormal locations of the appendix, are first, the various forms of tubal disorders — catarrhal and purulent, pyo-salpinx, hydo-salpinx, hæmato-salpinx, and tubal pregnancy; second, inflammation of the ovary — congestive or cystic.

In *catarrhal salpingitis* we have increased temperature and pulse range, nausea, vomiting, and abdominal tenderness, with paroxysmal pains, all of which symptoms being likewise characteristic of appendicitis. But there are points of difference. The pains are paroxysmal and not the *colicky* ones of appendicitis. Happening at or during the menstrual period, the flow is likely to cease; if in the interval, there is frequently a bloody vaginal discharge. Painful micturi-

tion is common ; rather unusual in appendicitis, but has been noted. The nausea is apt to persist during two or three days. There is seldom any localized abdominal pain. The rigidity of the abdomen is not well marked. By vaginal examination early in the course of the disease the tube will be found very tender and the pain will be increased by lateral movements of the uterus. With care in the estimation of the value of symptoms there should be no mistake.

In *purulent salpingitis* — the pachy-salpingitis of Mude — whether a later stage of the catarrhal trouble or the early stage of an infective, the same subjective symptoms present themselves, with possibly a still higher range of temperature and usually a chill. By vagina the very tender tube can be made out early. Fluctuation cannot be detected.

With *pyo-salpinx*, which in its mild or severe form is one of the most common forms of tubal trouble, appendicitis has many points of resemblance. There is frequently a chill, with nausea and vomiting, abdominal pain and tenderness, with fever and rapid pulse. The pain is paroxysmal, apt to radiate into the thighs, and is not referred to the umbilicus or stomach, as is common with that of appendicitis. In the beginning of salpingitis there is seldom tympanites and little rigidity of the right side. One observer has noted that the abdominal reflex is much lessened in appendicitis, but not much affected in the early stages of salpingitis.

By the vagina the dilated tube is easily felt at the beginning of the disease. If the trouble is unilateral the uterus may be pushed to one side ; if it is bilateral the diagnosis is simplified. The tumor is close to the right horn of the uterus, limiting its motion, lateral motion causing severe pain. The tumor is painful to the touch and semi-fluctuating. Where the appendix extends into the true pelvis the tumor of appendicitis is seldom felt by abdominal palpation. Remembering, too, that it rarely develops before the third day, the early vaginal examination assists us. Except it should invade the folds of the broad ligament or the pouch of Douglas late in its development, its abscess is seldom felt here. The rectal examination may also help to

confirm an opinion. In most cases, however, its evidence is more negative than positive.

Barring the complication of septic conditions, salpingitis is usually sub-acute, or chronic with exacerbations; as a rule, appendicitis is acute.

In all these cases the history of a previous gonorrhœal infection gives a decided clue. Having a case of such past infection, with leucorrhœa, disordered menstruation, and old pelvic pains, developing acute or sub-acute symptoms such as just described, the diagnosis is made easier.

Deaver believes that he is sometimes helped in doubtful cases by finding evidences of renal hyperæmia — albumin, casts, and free blood globules — which he regards as commonly present in appendicitis.

It must be noticed in this *résumé* that the subjective symptoms of these two conditions have much in common, varying in degree more than in kind, and that reliance must be placed only in the objective development.

Moreover, in acute trouble developing in a recognized case of chronic salpingitis, the possibility of further complication must be thought of from the normal proximity of the appendix. This liability is also owing to the pathological fact that in these chronic cases follicular changes in the appendix are generally found of greater or less severity, being due to infection by contact, adhesion, or through the lymphatics. Hence, with a case of old tubal disorder developing sudden pain, not at the menstrual period, with gastro-intestinal symptoms, with the tenderness developed by vaginal touch extending above the range of the tumor, a conjoined disease may be suspected.

Hydro-salpinx should never be mistaken for appendicitis. There are none of the aggravated subjective symptoms; merely infrequent spasmodic pains with pelvic pressure, and locally the fluctuating tumor usually in the pouch back of the cervix.

The same may be said of *hæmato-salpinx*. In the pain from its sudden formation, although colicky, we shall fail to find the symptoms of local peritonitis and the gastro-intes-

tinal symptoms will be lacking. In cases of rupture of either of these sacs the symptoms of general peritonitis will usually soon show themselves.

Tubal pregnancy should be easily diagnosed by the clinical history. Usually sterility for some time, followed by temporary cessation of menses, then irregular flow for some weeks, discharges of decidual membrane, and mammary changes. Then come paroxysmal pain, followed by sudden cutting pains with evidences of collapse—subnormal temperature, rapid pulse, cold sweat. There is no abdominal rigidity, although there may be tenderness. There may be dulness low down in the abdomen, which could not be present at that stage of appendicitis. By vagina the vault will be boggy and full, with the uterus usually crowded down or to the side. Perforation of the appendix before adhesions have formed is the only condition of that organ which could possibly simulate tubal pregnancy. In the former, however, we usually have a chill, diffused pains, and seldom any signs of tumor locally or in the vagina. The collapse is one of shock rather than of anæmia, and is rapidly followed by symptoms of general peritonitis.

Inflammation of the ovary—oöphoritis—is generally associated with and dependent upon disease of the tube, but it may be menstrual as the result of exposure during that period.

The condition of tubo-ovarian congestion is a mild form of this trouble, most evident at the time of the flow. There is slight fever, nausea, and vomiting, with some abdominal tenderness. The symptoms usually disappear by the second day, when the nature of their origin is apparent.

Oöphoritis in its severe form has more serious developments. It comes on after the period, with chill, fever, nausea, and vomiting, with great soreness. The vaginal tenderness is acute and the gastric symptoms are increased by any manipulation. Unless in a mass of exudate the outlines of the ovary can be made out and the seat of the pain learned. It is often prolapsed.

Abscess of the ovary may be the result of such an inflam-

mation, but usually originates from a purulent tube — not necessarily a pyo-salpinx — and is bound up with it in adhesions. Its fever is septic, with chills and a varying temperature. The condition must be found out bi-manually. The tumor is generally well outlined, round or oval, fluctuating, pressing well down into the cul-de-sac, with the uterus displaced.

In only two conditions should ovarian cysts be mistaken for appendicitis.

In a *suppurating dermoid cyst* there is local tenderness low down in the iliac fossa, with a hectic fever. The pain is dull and constant, seldom colicky. Unless sepsis is well marked there are no gastro-intestinal symptoms. By the vagina the tumor is well outlined and its location and origin defined.

In the case of a small tumor with a twisted and strangulated pedicle, the attack is sudden, the pain and tenderness severe, with symptoms of shock. The discovery of the tumor should clear the diagnosis.

I am obliged to omit many conditions of rare complications, and have only tried to bring out what seem to me to be salient points in the diagnosis of conflicting diseases. But it must be noted that many symptoms are held in common, and that the description of the subjective symptoms of most forms of pelvic inflammation is hardly more than a reiteration. There is no pathognomonic sign to distinguish between them and what might be called pelvic appendicitis.

Furthermore, in the interest of the patient, it is necessary to admit that all cases are not capable of being diagnosed previous to operation. There may be acute inflammation of both tube and appendix, acute of either with chronic of the other, chronic of both, acute appendicitis with ruptured or unruptured tubal pregnancy, with confusing symptoms, whose severity does not warrant an anti-operative diagnosis. In all such cases of grave doubt the post-operative diagnosis of the surgeon is usually more satisfactory to the patient than the post-mortem diagnosis of the pathologist.

Discussion. By Dr. Alonzo Boothby.

Mr. Chairman, Ladies and Gentlemen, — I know just about as much about the paper as you do, as I have simply listened to it, and if I made any preparation it would be on the general subject, and not on any particular point that the Doctor has made or failed to make. There are two or three things, however, that I shall be pleased to say to you. The first point I would make is that, while the appendix is quite uniformly found coming off from a particular point of the colon, yet we cannot say the position is entirely definite, because the position of the bowel is not definite. In one patient I had recently I could remove the appendix out from the vagina after the vaginal hysterectomy without any trouble. Now if the appendix was in the place usually designated for it, that could not be done. This point, it seems to me, has a great bearing in differentiating between the two diseases. Now, why is it necessary to diagnose between these two troubles? I should say that it is simply this, because appendicitis is the more dangerous disease, owing to its situation and from the causes which produce it, and it is more likely to progress, not being so apt to be protected by a limiting membrane which prevents a rupture into the peritoneal cavity. Now, I cannot see but what this covers the importance of the diagnosis between the two.

In relation to the position of the appendix, I wish to refer to the case of a boy where the appendix projected down into the pelvic cavity. It was about one and one half inches in diameter — a most unusual thing. Symptoms in this case were not different, as I know of. With the same symptoms the course would be about the same for relieving it. That is, if it came to a surgical operation in a woman, the pus cavity might be emptied from the vagina, although in a pus case I believe we should not want to undertake it. Now I have found that the character of the inflammation assists in diagnosis, because when coming from the uterus the pus coming from the tube is not so virulent as that coming from the bowel. In a case of appendicitis you have very frequently the streptococci. Then you have quite frequently

the staphylococcus, the bacillus coli, and other forms, while from the tube you have the gonococci, which does not produce so violent inflammation.

Now, Dr. Perkins spoke of the rigidity of the muscles in appendicitis. That is a very important symptom in appendicitis, but it may also exist in the tubal inflammation provided there has been a peritonitis; and rigidity, as I understand it, is due to a previous peritonitis. Now, in a sudden attack of appendicitis as it comes up, in the more slower inflammation of the tubal character you do not have the rigidity as marked as in the regular tubal inflammation. If there is a general peritonitis with the appendicitis, then you have rigidity in proportion to the peritonitis on the other side. Now, there is a great deal I had thought of saying on the subject that does not now occur to me, but Dr. Perkins has covered the subject very thoroughly, and the paper is well worth your consideration.

Dr. Hodgdon: I am very glad indeed to have listened to as good a paper as this upon such an important subject. It is certainly very interesting to me to note the subjects of both. It is no easy matter to make a diagnosis of ovaritis which has gone on to pus formation. There are many symptoms in common. We have all made diagnoses which are satisfactory to the patient and to the friends, but not to ourselves. We are often doubtful. Two cases occur to me which I was called to see early in my practice. Case number one was a lady twenty years of age who had been sick about two weeks. I was called in consultation and found this history. Extreme pain in the right inguinal region with a good deal of a temperature, with all the symptoms from typhoid fever up to tubal and ovarine troubles. This case occurred before I had ever heard of appendicitis, about eleven years ago, and the diagnosis could not be made along that line, but there was a diagnosis made of an inguinal abscess. It was opened and the lady went on to a fair recovery. There was some relief. Four or five years later I saw this same case again, and she had the same trouble.

I sent her to the hospital for an operation. The appendix was removed, and the ovary and tube were in perfect condition, since which time she has been in perfect health. In this case it was an ignorant diagnosis.

Case number two was a young girl fifteen years of age, and gave somewhat the same history as the above case. I supposed that there was some trouble with the appendix, and made the diagnosis accordingly. An operation was resorted to and a pyo-salpinx found, tube and ovary removed, and a few days later a septic condition set up and patient died. This was to my mind an almost perfect tubal case. An ignorant diagnosis in the first case, a mistaken diagnosis in the other. There are many symptoms in common. The most common symptom to both is the localized peritonitis. Where it has gone on to pus we get a localized inflammation in the right inguinal region and circumscribed. We get nausea and vomiting in both, tumor in both, and constipated bowels in both; extreme tenderness to pressure and touch in both. There are, however, two or three symptoms which I have observed, and which aid me in diagnosis. In appendicitis the pain is more severe and is apt to be localized, while pain from the ovary runs about more and possibly down into the thigh. Also another point which has just been referred to by the previous speaker — rigidity of muscles. I think it is stated on pretty good authority that if there is extreme rigidity of muscles in the right inguinal region there is inflammation of the appendix. If it is extended generally over the abdomen it is more apt to come from the ovary and its appendages. This is all I can say after the excellent paper and its being so thoroughly discussed by the previous speaker.

Dr. W. L. Hartman, Syracuse, N. Y. : —

This is such an excellent paper that it would be impossible to hurt the author's feelings in any discussion. He has said everything that could possibly be said about the matter. I would like to say, however, that in examining per rectum, there is a decided difference in the feeling on the right side

where there is a pyo-salpinx. There is a more rigid feeling. When you get an appendicitis and if the abscess extends downward you get a softer feeling. I had a case about three years ago of a boy five, or six years old. The abscess extended down three or four inches, and by passing my finger into the rectum I could feel the abscess. Now, if I may be permitted to go from this subject, I have noticed in two or three cases where there has been rupture of the appendix, the intense pain in the male following down to the end of the penis after the rupture. After this pain was over the patient was perfectly comfortable for about three hours' time. That is an important point, I think, about distinguishing between appendicitis and renal colic. Further than this I have nothing to say, as it was such an excellent paper, and has been so ably discussed.

THE SPEED OF ELECTRICITY. — The speed of electricity is so great that its passage from point to point along a conducting wire may be regarded as practically instantaneous. Various attempts have been made to measure the rate at which it travels, and observers with delicate instruments have affirmed that it was not less than 114,000 miles per second, and in one or two places its speed was as high as 240,000 miles.

STRAPPING THE CHEST. — When strapping a chest for fractured ribs, it sometimes occurs that, instead of affording relief, the pain is increased by the strapping. This is usually due to turning a broken end inward. In any case, the dressing is to be removed, and the patient must simply be kept as quiet as possible. — *Exchange*.

SURGEONS IN THE GERMAN ARMY. — The strength of the German army during times of peace is said to be about 500,000 officers and men — all told. For this army 2,155 surgeons, or about one surgeon to 250 men and officers.

EDITORIAL.

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

THE SEMI-ANNUAL MEETING OF THE STATE SOCIETY.

The usual semi-annual meeting of the State society was held on October 11 and 12, but in a somewhat unusual way. Instead of one day's meeting, during which the reports of all the bureaus making up the meeting must report, together with the dinner and annual oration, the exercises began on the evening of the 11th at the college building with a report of the Bureau of Materia Medica. On the 12th the meeting continued with the report of the remaining bureaus, and the dinner was at Young's Hotel in the evening, after which was given the oration.

This is a marked improvement over the old order of affairs, and we sincerely hope it will become an established custom. Much more time was afforded to discussion, which is, or should be, by far the most profitable part of the meeting, and the dinner and subsequent oration were much more to be enjoyed after the real work of the meeting had been concluded.

The meeting itself was very well attended; the papers showed care in preparation and in many instances were not without originality.

A striking feature of the program, however, was the inequality in the number of papers presented under the different sections. Thus materia medica, which is the section most distinctively homœopathic, presented three papers; the surgical section, which has nothing distinctively homœopathic, presented nine papers; and the other two bureaus, three and two papers respectively.

Interesting and profitable as these meetings are to those who attend them, they do not materially help or advance the

cause of homœopathy, and in so far as they do not do that they do not fulfil the special purpose and object for which the society was established.

Surgery, on account of the tangibility of the subjects with which it deals and the immediate brilliancy of its results, is most attractive, while the elusiveness of the subjects of clinical medicine and drug effects renders them unattractive unless the student thereof is sustained by a strong faith and unbounded enthusiasm. The enthusiasm was ever evident in the meetings of twenty years ago; it is sadly wanting now. From the present trend it would seem that before long we shall become a purely surgical society — a state of affairs which the late De Gersdorf with remarkable astuteness foresaw nearly a quarter of a century ago when he introduced the following resolution in a meeting of the society:—

Resolved, That the reports of surgical cases, in future, should be limited to those in which homœopathic treatment has superseded or limited an actual mechanical operation.

It is needless to say that the motion was not carried, but some good men and true, still alive, voted for it, nevertheless.

EDITORIAL NOTES.

A NEW HOMOEOPATHIC PAMPHLET SERIES.

The following description of a new series of pamphlets on homœopathy, recently collated by a medical club of Boston, is well worth the attention and consideration of the profession. The pamphlets themselves should be in every physician's office.

In connection with one of the medical clubs of Boston, the work of preparing a series of pamphlets on homœopathy, more especially for the benefit of the laity, has been undertaken and accomplished. The general ignorance which prevails upon the subject is astounding. It is certain that but a small number of our patients have a definite idea of homœ-

opathy, and few indeed could defend it against attack from its detractors. In these days of general enlightenment many among the laity are qualified to intelligently investigate this and kindred subjects if given the proper data. A thorough understanding of homœopathy, its principles and advantages, would strengthen the belief of its followers, and prevent some from drifting over to the heresies and fads of the day. Such practical reading matter could be made the means of making many new converts.

The present treatises on homœopathy, for non-professional readers, apparently do not meet the requirements. Eulogistic tracts appealing only to sentiment are no longer adequate ; nor in this busy day will the individual take time to read lengthy treatises. Reading matter for this purpose should appeal to reason ; it should be clear, logical, and concise. The existing tracts are excellent in many ways, but few of them are of recent date. Many are incomplete and unsatisfactory in their treatment of the subject, and almost all are too expensive for extensive use. Sharp's Tracts, for instance, were written over forty years ago. They include twelve closely written pamphlets, making in all two hundred and thirty pages. The bound set, which was the only one the writer has been able to obtain, costs seventy-five cents. The Tracts of the English Homœopathic League, a series of thirty-five, containing over two hundred pages, include many pamphlets that are ably written, presenting strong arguments, but much is repetition ; and while the cost is only two to four cents each, so many are necessary for each reader to cover the subject that their extensive use would be expensive. Dr. W. H. Holcombe's pamphlets are among the very best that have appeared. They contain, however, too little evidence in favor of homœopathy and omit much that is important. Dr. C. E. Burnet's " Fifty Reasons for Being a Homœopath " is an excellent little book, but it is practically a citation of fifty cases from practice. Many other works on homœopathy intended for popular use are for sale, but, like those above mentioned, present too few facts and arguments, and many are much too lengthy.

No one pamphlet or series already issued seems to meet the requirements of the present day, although it is true that taken altogether there is little now to be written on the subject. A careful compilation, however, of the essentials from the works already published, giving in addition recent data of importance, would result in a convincing exposition of homœopathy. And if properly distributed among patients and sympathizers, such reading matter would secure incalculable benefit to the cause and its representatives. The series of pamphlets just published, it is believed, meet the requirements. They have been submitted to the profession and leading editors of our journals, and they have been generally acknowledged as the best extant.

There are five pamphlets in all in this series; each considers one or more special phases of the subject, is complete in itself, and of convenient size. By the use of headings throughout details are easily grasped. The entire field has been fully covered. Clearness and brevity have been aimed at in every particular. Gems of thought are quoted from prominent homœopathists, and extracts are given from recognized allopathic authorities, vindicating the principles of homœopathy. The fallacies of old-school methods are made strikingly apparent, not by resorting to abuse or ridicule, but by quoting statements made by allopathic authorities against their own system of practice. The evidence in favor of homœopathy here gathered and presented is seemingly overwhelming. It is the most conclusive yet brought together in pamphlet form. Through the kind assistance of two of the members of the committee on statistics of the American Institute of Homœopathy, statistics up to the present time are given, not in the form of tables, but under the heading of each disease, ranging from cholera to measles. In this form the advantages of homœopathic treatment are readily seen. The difference between homœopathy and allopathy of the present day is plainly evident. The great changes brought about through the influence of homœopathy, in abolishing obnoxious and injurious methods of treatment, are made strikingly apparent, and it is also shown how

much has been accomplished by homœopathy in other directions.

The method of the English Homœopathic League in having pamphlets issued without the author's name seems to be the correct one. Reading matter of this kind should not be under the suspicion of advertising the author, and the name of the editor of these pamphlets will not appear.

Physicians will readily see the advantage of circulating such pamphlets and of keeping them on the reading table in their waiting rooms. The judicious use of such literature will do more to make known the superiority of homœopathy and increase the practice of its practitioners than anything else could do. Since the average physician would have to supply different readers with several pamphlets the expense must be reasonable. The cost of 100 of these sets will be but \$6; 25 sets, \$2; a single set, 25 cents. The price of these pamphlets in lots is less than that of any others to be found on sale, and is barely sufficient to meet the attending expense. It is desirable that the entire set of five pamphlets be placed in the hands of each reader. Pamphlets and information may be obtained from F. M. Adams, Seaverns Avenue, Boston, Mass.

NATIONAL MEDICAL COLLEGE OF CHICAGO.

Dr. Julia Holmes Smith has been elected Dean of the National Medical College of Chicago. This is the first time that a woman has attained this place in a co-educational medical school. Dr. Smith has had a busy life, and has been active in educational, club, temperance, and suffrage affairs, as well as in her profession. She is prominently associated with national and international medical organizations. In connection with an extensive practice, she is a director of the Illinois Training School for Nurses, and attending physician at both the National and Temperance Hospitals of her residence city, Chicago. She was Vice-President of the Homœopathic Congress at the Columbian Exposition, as well as a member of the Woman's Congress

Committee. Dr. Smith has also served one term as Trustee of the University of Illinois, and three terms as President of the Chicago Woman's Club. She is a member of the Chicago Press League, and President of the Chicago Political Equality Club. — *Woman's Journal*.

SOCIETIES.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

Business Session.

The regular meeting of the society was held at the Boston University School of Medicine, Thursday evening, October 5, 1899, at 8.15 o'clock, President Sarah S. Windsor, M.D., in the chair.

The records of the last meeting were read and approved.

The following physicians were proposed for membership: Henry F. Batchelder, Danvers, Charles J. Douglas, Dorchester, and Anna B. Davis, Boston.

The obituary committees appointed to draw up resolutions on the deaths of Dr. William J. Winn and Dr. F. W. Elliott reported as follows:—

WILLIAM J. WINN, M.D.

We, the members of the Boston Homœopathic Medical Society, desire hereby to express our deep sorrow and keen sense of loss in the death of our esteemed friend and colleague, Dr. William J. Winn.

His long, patient, and ever-cheerful struggle with disease, even in the face of defeat, bore testimony to his fortitude and depth of character.

Possessed of a kindly manner, together with a sympathetic nature, to which he brought marked professional skill, Dr. Winn might hopefully have anticipated a brilliant future.

Resolved, That in his death this society has lost an able and worthy member and the cause of homœopathy an earnest advocate.

Resolved, That we extend to his afflicted family our warmest sympathy.

Resolved, That these resolutions be included in our records and a copy be sent to the bereaved family.

A. L. KENNEDY,
W. F. WESSELHOEFT,
LENA H. DIEMAR,
Committee.

FREDERICK W. ELLIOTT, M.D.

In recording the death of our late associate, F. W. Elliott, we desire not only to express our regret at the sudden termination of a professional career that but recently promised to continue for many years of usefulness, but to extend our condolences to those members of his family who are left to sustain a loss irreparable to them. Dr. Elliott's active and energetic nature enabled him to do much that those less favored in this respect would have been unable to accomplish. He labored unweariedly in his profession and, never content with the achievement of to-day, took up the burden of the morrow with renewed and eager interest. He would have been successful in any field in which his activities were engaged, for those qualities which contributed to his advancement as a physician would have assisted him in any other pursuit as well.

We cannot in a few brief and unsatisfying words pay an adequate tribute to the memory of those who have passed before us into the great unknown, but we may, at least, record our measure of their worth, our regret at their departure, and the respect in which they were held.

S. H. CALDERWOOD,
F. L. EMERSON,
WILLARD F. PAUL.

The President appointed Drs. L. H. Kimball, Susan H. Gibbs, and N. R. Perkins a committee to draw up resolutions on the death of Dr. Joseph P. Paine.

The resignation of Dr. P. Harold Foss was read and accepted.

On motion of Dr. H. C. Clapp, it was voted that all matters relating to the Talbot Memorial be left in the hands of the Executive Committee.

The Committee on the Hahnemann Monument Fund reported progress and asked for further contributions.

On motion of Dr. Batchelder, it was unanimously voted

that the society, through the Secretary, express to its colleagues, Drs. William P. and William F. Wesselhoeft, the sympathy and interest of the members in the welfare of Mrs. Wesselhoeft and their hope for her early recovery.

Owing to the interest in the recent meeting of the National Society of Electro-Therapeutists, the Section of Electro-Therapeutics did not report, but will do so at an adjourned meeting, date to be announced later.

The meeting adjourned at 8.45 to the Lecture Hall, where refreshments were served and a social time enjoyed.

F. A. ALLARD, *Secretary.*

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The fifty-ninth semi-annual meeting of the society was held at the College Building, Tuesday evening, October 10, and at Steinert Hall, Wednesday, October 11, 1899.

TUESDAY EVENING, OCTOBER 10, 1899.

The meeting was called to order at half-past seven o'clock, by the President, Frank C. Richardson, M.D.

Report of the Committee on Materia Medica. Walter Wesselhoeft, M.D., Chairman.

1. Some Experiences with Iodine and Reflections Thereon. F. B. Percy, M.D.

2. Similia on Headaches. N. M. Wood, M.D. Discussion opened by E. E. Allen, M.D.

3. Suggestions regarding the Re-proving of Drugs. Walter Wesselhoeft, M.D.

Dr. Charles Mohr, of Philadelphia, was present and was introduced to the members of the society by the President, who invited him to participate in the discussions of the evening. His able and interesting remarks added greatly to the enjoyment of the evening. An interesting paper, entitled "Materia Medica as a Specialty," by John J. Shaw,

M.D., who was unable to be present, was read by the Chairman, Walter Wesselhoeft, M.D.

WEDNESDAY, OCTOBER 11, 1899.

Steinert Hall, at 10 A.M.

Call to order by the President, F. C. Richardson, M.D.
Reading of the records of the last meeting.

Report of the Committee on Surgery. Horace Packard, M.D.

1. The Differential Diagnosis between Appendicitis and Inflammatory Affections of the Right Ovary and Tube. H. P. Perkins, M.D., West Newton. Discussion, Alonzo Boothby, M.D., Boston; F. A. Hodgdon, M.D., Malden.

2. A Case of Double Harelip. Illustrated. Carl Crisand, M.D., Worcester. Discussion, Geo. B. Rice, M.D., Boston.

3. Movable Kidney with Report of a Case. G. Forrest Martin, M.D., Lowell. Discussion, J. Emmons Briggs, M.D., Boston.

4. The Importance of Correctly Diagnosing Injuries to the Head. W. Louis Hartman, M.D., Syracuse, N.Y. Discussion, N. W. Emerson, M.D., Boston.

5. Fracture of the Patella. Geo. E. May, M.D., Newton Centre. Discussion, Winfield Smith, M.D., Boston.

6. The Surgical Treatment of Salpingitis. Geo. R. Southwick, M.D., Boston. Discussion, Walter Wesselhoeft, M.D., Cambridge; Sarah E. Sherman, M.D., Salem.

7. Osteomyelitis. Charles H. Thomas, M.D., Cambridge. Discussion, J. K. Warren, M.D., Worcester; F. A. Gardner, M.D., Salem.

8. Good Health without a Gall Bladder. F. A. Hodgdon, M.D., Malden. Discussion, W. F. Wesselhoeft, M.D., Boston.

9. Non-intervention with the Knife in Appendicitis. Elmer W. Copeland, M.D., Northampton. Discussion, F. B. Percy, M.D., Brookline; Horace Packard, M.D., Boston.

On motion of Dr. Horace Packard, the courtesy of the

floor was extended to Dr. W. Louis Hartman, M.D., of Syracuse, N. Y.

2 P.M. Report of the Committee on Ophthalmology, Otol-ogy, Rhinology, and Laryngology. George B. Rice, M.D., Chairman.

1. The Use of X-ray in Locating Foreign Bodies in the Eye. G. H. Talbot, M.D.

2. Squint, D. W. Wells, M.D.

3. The Result of Septal Deformities upon the Upper Re-spiratory Tract. E. R. Johnson, M.D.

3 P.M. Report of the Committee on Gynæcology. Wm. F. Wesselhoeft, M.D., Chairman.

1. Ventral Fixation and Suspension of the Uterus. N. W. Emerson, M.D. Discussion opened by M. E. Mann, M.D., J. K. Warren, M.D.

2. Conservative Operative Treatment of Diseased Ovaries and Fallopian Tubes. J. B. Bell, M.D. Discussion opened by E. B. Cahill, M.D., Horace Packard, M.D.

3. Indications for Operative Interference in Acute In-flammatory Conditions of the Uterine Adnexa. J. W. Hay-ward, M.D. Discussion opened by Alonzo Boothby, M.D., G. H. Earl, M.D.

5 P.M. Report of the Committee on Dermatology, Syphi-logy, and Genito-urinary Diseases. S. H. Blodgett, M.D., Chairman.

1. Gonorrhœa, Clinical Suggestions. Orren B. San-ders, M.D.

2. Preventure of Baldness. John L. Coffin, M.D.

One hundred and fifty-nine members enjoyed the dinner provided by the society at Young's Hotel, after which the Annual Oration was delivered by J. Herbert Moore, M.D., whose subject was "Twentieth Century Homœopathy," which will appear in full in the transactions.

FREDERICK L. EMERSON, M.D.,

Recording Secretary.

GLEANINGS AND TRANSLATIONS.

A GOOD MAXIM TO ADOPT. — For a maxim the progressive physician can consistently adopt that broadest of all crisp epigrams, "In certis unitas, in dubiis libertas, in omnibus charitas"; in the demonstrable things of science, unity, in the doubtful things, the toleration of varied interpretations, liberty of thought and opinion, and in all things, all beliefs, whether consistent with his own views or not, charity. — *Dr. E. C. Price, in the Hahnemannian Institute.*

HEPATIC INSUFFICIENCY AND PERIPHERAL NEURITIS. — In *Revue de Médecine*, Gouget shows the tendency of French investigators to consider auto-intoxications as having a great influence in the causation of nervous affections (delirium, convulsions, coma, visual disturbances, etc.). These have often been noted in the course of hepatic disease, and it is assumed from an auto-intoxication thus produced.

The author treats of peripheral polyneuritis (proved by anatomical investigation) occurring in a woman aged thirty-three, during the course of a hypertrophic cirrhosis of the liver. She was a moderate drinker, but was not tuberculous.

Although alcohol must have had some influence in a pre-disposed person, the author attributes the polyneuritis to auto-intoxication from hepatic insufficiency. — *North American Journal of Homœopathy.*

CRITICISMS ON THE WHITEHEAD OPERATION. — 1. It is not suited for ordinary or bad cases of piles.

2. It is difficult and bloody.

3. Patients are detained in bed from six to fifteen days longer than after the clamp and cautery or ligature operation.

4. Owing to tension, the post-operative pains are severe and may continue for several days.

5. Infection is frequent and terminates in a stitch or deep abscess and fistula.

6. Because of non-union, ulceration, stricture, and pruritus are common sequelæ.

7. The portion of bowel between the anus and the end of the retracted intestine loses its sensitiveness, and there is also an absence of the normal secretion.

8. The nervous and mental state of these sufferers is pitiable to behold, and many contract the morphine habit, while others turn up as chronic invalids in some sanitarium or asylum. — *Dr. S. G. Grant, in Virginia Medical Semi-Monthly.*

“A SCIENTIFIC HORSE.”—Canon MacColl tells an amusing story in a letter to the *Times*. “A friend of mine [says the Canon] once shared the box-seat with the driver of a stagecoach in Yorkshire, and, being a lover of horses, he talked with the coachman about his team, admiring one horse in particular. ‘Ah,’ said the coachman, ‘but that ’oss ain’t as good as he looks; he’s a scientific ’oss.’ ‘A scientific horse!’ exclaimed my friend. ‘What on earth do you mean by that?’ ‘I means,’ replied Jehu, ‘a ’oss as thinks he knows a deal more nor he does.’”

TREATMENT OF SCIATICA BY HYDROCHLORIC ACID.—A thesis has recently been published on the subject by Dr. C. Gennatas, of Montpelier, on the basis of a dozen cases of neuralgia of the sciatic nerve, all of which were completely relieved by this means. The procedure is simple. Half an ounce of strong hydrochloric acid is put in a small cup, and applied with a brush over the painful part of the nerve, three or four coats being painted on. The limb is then enveloped in a cotton-wool dressing. The application causes a somewhat severe smarting sensation, but this is quite bearable. A few minutes afterward the skin becomes reddened and hot, and sometimes bullæ are formed, which fill with fluid. These, even if they occur, disappear in two or three days. Usually the patient feels better even after a single sitting. The application can be repeated in from twenty-four to forty-eight hours, but not again for several days for fear of producing sloughs. Where there are bullæ they must be

avoided in subsequent applications. No serious inconvenience is caused by the hydrochloric acid such as was experienced when a similar procedure was attempted some years ago by Dr. Legroux with strong sulphuric acid, which was found to be liable to cause extensive sloughing of the skin. The patients referred to were all reported as cured in from three to five sittings, extending over from a week to twenty-five days. — *Lancet*.

FINANCIAL SUCCESS LONG DEFERRED. — It is reported of Sir Andrew Clark that he told his pupils that he spent the first twelve years of practice in earning his bread, his second twelve years in earning his bread and butter, and not until the third twelve years could he indulge in luxuries. — *Exchange*.

THE ETIOLOGY OF CANCER. — The etiology is most obscure. Persistent local irritation is doubtless the most constant cause. Local injury and degenerating organs, such as the uterus, mamma, stomach, and tongue, are the points of special attack. We invariably link cancers with adults only, but children, and some authorities say even the child in utero, may be the centre of attack. Hereditary influences occur to mar our prognosis about once in every five cases. If cancer attack an organ in full vigor of its functional activity, it equally becomes active and runs its course with marvellous rapidity, soon causing death. Cancer grows like a parasite, at the expense of the tissue into which it lies, be it bone, muscle, or what-not. Alcoholic stimulants used in excess may thus indirectly by weakening some organ cause a cancerous growth. The cancer germ, which can be preserved indefinitely, is extremely prolific and virulent, and is one of the most sure causes of death which enters the human system. We are supposed to take them into the body by breathing, by certain food and drink, by contact with some other cancerous part, by kissing and inoculation of the germs into a comparatively healthy and healing wound. The weak part of the body suffers first from these germs. Tobacco

smoking, which results in friction of the lips or tongue by the pipe stem, will cause cancer in some instances. Bruises, irritation of any kind, such as the suspender chafing our shoulder, etc., and it has been claimed that narcotics, pork and tomatoes (one of our best blood purifiers) cause cancer. The Jews are frequently sufferers of cancer, yet they supposedly do not eat pork. Anything, it seems, which has a tendency to weaken our vitality may predispose to the development of the cancer germ in our system. — *Maryland Medical Journal*.

CURETTAGE. — The routine use of the curette, and careless, incomplete application of this instrument, constitute the greatest abuse of the minor gynecological operations. When this instrument is used as a routine office-treatment, or is applied without proper preparation of patient, it is fraught with positive and far-reaching danger. Every gynecologist meets constantly with cases of inflammatory diseases of the appendages in which the patient's invalidism dates from such treatment of some simple uterine trouble. Incomplete curettage is quite as dangerous as to do the operation without careful aseptic precautions. To open up lymphatics and veins and tear up the infected mucosa, and only partially remove it, is an invitation for renewed and active infection. This procedure has been likened to raking over a patch of ground after seeds have been scattered over it. When curettage is resorted to, the sharp curette alone should be used. The patient should be prepared the same as for any other operation upon the vagina and uterus. The operation should be done under general anesthesia. After the curettage has been carefully completed, the uterine cavity should be irrigated with hot sterilized water, and an aseptic dressing applied over the vulva. Werth has shown that prompt regeneration of the mucosa takes place after curettage. The uterus is admirably poised by its normal position for drainage. Gauze-packing does not facilitate drainage, and by stimulating contraction of the uterus causes a great deal of pain. Hemorrhage seldom accompanies or

follows the operation in sufficient degree to require gauze-packing. No destructive chemical agents should be applied to the endometrium either before or after curettage. Their antiseptic influence is doubtful, and their local effect is harmful. — *The American Practitioner and News*.

PAVEMENTS IN CITIES. — Pavements have perplexed city officials for many ages. At present we find wood, granite, and asphalt forming the principal street-paving material. St. Louis is a well-paved city, granite being used to the greatest extent. It is interesting to all of our readers, and especially to those in this city, to know that careful investigations have been made to determine the relative value of these materials. One authority in considering wood compares its advantages and disadvantages with those of granite blocks and asphalt. With reference to cleanliness, he places them in order of merit as follows: asphalt, granite, wood; with reference to quiet, they stand wood, asphalt, granite; and with reference to cheapness granite comes first, then wood, and lastly, asphalt; in durability the order is granite, asphalt, wood; but for ease of repair, asphalt, wood, granite; and for safety of the horses, wood, asphalt, granite.

Although several comparisons are made, it is a noticeable fact that the hygienic properties, as far as health and diseases are concerned, is left out of the investigation. The hygienists, however, have been at work and find that wood pavements are almost alive with bacteria, while they are few and far between in either asphalt or granite, so that the reference to cleanliness can probably be applied to healthfulness, although it is not positively shown that bacteria in paving blocks brings disease to the citizens. — *Exchange*.

HOW CHRISTIAN SCIENCE CURES. — I have rheumatism, let us say, and at midnight my swollen and inflamed joint gives me pain. I send for a Christian Science healer. In all probability my messenger will call upon a person who has had no preliminary medical education whatever. He is likely to find some one who is quite illiterate. He may, as I have,

come upon some one who has been engaged in the occupation of amusing the *habitués* of beer saloons by playing upon the zither before he took up the more remunerative business of Christian Science healing. Or he may, as I have, come upon some one who is engaged simultaneously both in the business of selling drugs and in the practice of healing by mental therapeutics alone.

Having been found, the healer, first requiring a fee from my messenger, treats me "absently," while lying abed in his own home. His treatment consists in sending me word that I only imagine I am ill, that my joint is really not swollen, that it is really not inflamed, and that it really does not pain me, but that, on the contrary, I am really very well and very happy indeed. — *From Christian Science from a Physician's Point of View, by Dr. John B. Huber, in Appleton's Popular Science Monthly for October.*

TREATMENT OF RECTAL ABSCESS. — Just as soon as pus is detected, or there is good reason to suspect its presence, the patient should be warned of the sequelæ — sepsis, fistula, etc. — and advised to submit to a surgical operation. Consent obtained, the parts should be thoroughly cleansed, an anesthetic administered, and a free incision made into the infected part. This will give free exit to the pus. Then the cavity should be well irrigated with a mercuric solution, all bridges and loculi should be broken down with the finger, at the same time keeping up the irrigation either with peroxide of hydrogen or a mercuric solution. To put the part at rest, the sphincter should be thoroughly divulsed. Pack the cavity with iodoform gauze and dress with gauze, cotton, T-bandage, and put the patient to bed. In twenty-four or forty-eight hours remove the dressings, irrigate with peroxide of hydrogen or a mercuric solution, and pack loosely with gauze and dress as before. This treatment is to be repeated daily until the wound has healed. — *Medical Brief.*

DESTRUCTION OF THE BODY AFTER DEATH. — The first period is appropriated by the house-fly, then comes the flesh-fly,

these two covering a space of about three months. As soon as the fatty acids begin to form these flies depart and the Dermestes beetle appears. After the formation of the fatty acids and the succeeding period of ammoniacal decomposition, with liquefaction, the corpse is occupied from four to six months by various insects.

From the sixth to the twelfth month desiccation is accomplished, with conversion into something like parchment, during which term acari-mites allied to the itch-mite take up their abode. And after this another set of beetles, the Ptinus and the Tenebrio, pay the last honors to the ruined edifice.

These processes are descriptive apparently of the exposed or lightly covered body. In those buried the Rizophagus and Philontes are found. Thus science doth make cowards of us all. — *Maryland Medical Journal*.

REVIEWS AND NOTICES OF BOOKS.

DISEASES OF CHILDREN. By G. Sigmund Rane, M.D., Visiting Physician to Children's Homœopathic Hospital and Chief of Children's Clinic, Philadelphia, etc. Philadelphia: Boericke & Tafel. 1899. pp. 473. Price, cloth, \$3.00 net.

Although without any literary merit and somewhat unfortunate in its appearance, owing to the paper, type, and binding chosen, this new work on the diseases of children will not be without a welcome. It is an earnest effort to enlarge our knowledge of the clinical aspects of affections peculiar to infancy and childhood, and to present that remedial and auxiliary treatment which will give the best results in the greatest number of instances.

The headings of the eighteen chapters into which the subject matter is divided are: Hygiene and Nursing; Methods of Clinical Examination; Methods of Recording and Prescribing; Infant Feeding; Diseases of the Newborn; of the Mouth; Stomach; Liver; Intestines; Peritoneum; Respiratory Tract; Heart and Its Membranes; Kidneys and Urinary Tract; Skin; Blood; Nervous System; Diathetic and General Diseases; Acute Infectious Diseases.

It will be seen that a very comprehensive survey of the field of pediatrics is thus made possible, and it is to a large extent accomplished. Many sensible words of caution appear scattered throughout the book on the feeding of infants and children — words which may well be heeded and passed along to careless or uninstructed mothers, for the subject of feeding is of fundamental and monumental importance.

We are glad to see so much space (fifty-eight pages) devoted to diseases of the nervous system. It is highly desirable that such departures from the normal should receive early recognition and the most watchful, careful, and skilful treatment. Other subjects are dealt with as by one who knows whereof he speaks, and who is desirous primarily of sharing his knowledge with the reader without circumlocution or constant reference to other authorities.

MINOR SURGERY AND BANDAGING. By Henry R. Wharton, M.D., Demonstrator of Surgery in the University of Pennsylvania. New fourth edition. Illustrated. Philadelphia and New York: Lea Brothers & Co. pp. 594. Price, cloth, \$3.00 net.

But little introduction is needed for a work which, as is the case in this instance, has been accepted and approved by a large number of medical schools throughout the country. It was acceptable in all its editions, but this fourth and latest one has been given an especially careful and complete revision. The book is divided into seven parts under the following general headings: Bandaging; Minor Surgery; Fractures; Dislocations; Operations; Amputations; Excisions and Resections; and Special Operations. The strictly new matter is partly set forth in an excellent and sufficiently extended chapter on amputations, ligations, excisions, the introduction of sutures, intestinal anastomoses, tracheotomy, and intubation, and such operations on the bones, tendons, and nerves as may be advantageously illustrated on the cadaver.

The addition of this chapter properly recognizes the importance of such practical demonstrations made before and by medical students. There is an additional new section on surgical bacteriology, including bacteria as a whole and as differentiated from each other. This is in accordance with the needs and demands of the present-day worker, and to him, whether graduate or undergraduate, the book as a whole will prove of even more service than former editions have been to other students and practitioners.

A MANUAL OF DISEASES OF THE NOSE AND THROAT. For the Use of Students and Practitioners. By Cornelius Godfrey Coakley, A.M., M.D., Professor of Laryngology in the University and Bellevue Hospital Medical College, New York. Illustrated. Philadelphia and New York: Lea Brothers & Co. 1899. pp. 536. Price, cloth, \$2.75 net.

It is an excellent idea for the general practitioner to possess works of reference on the diseases of the eye, ear, nose, and throat. Such works need not necessarily be extended, but they must be comprehensive and practical. "Coakley on the Nose and Throat" may well be placed alongside of "Bacon's Otology" and "Nettleship on the Diseases of the Eye"; the three form a little library in themselves and are illustrative of the class on special subjects most serviceable to the practitioner engaged in all-around work.

The book first mentioned deals simply and directly with the preliminary knowledge included under the anatomy and physiology of the upper respiratory tract. Methods of examination, with descriptions and cuts of the instruments used follow, and the technique to be observed in operative procedures. A chapter is devoted to each of the following subjects: Nasal Obstruction, Diseases of the Nose, of the Accessory Sinuses of the Nose, Nasopharynx, Oropharynx, Tonsils and Tongue, and of the Larynx. In the last chapter are given a number of additional remedies applicable in the treatment of diseases already described and of proven value by the author. These remedies are classified as "mild antiseptics," "astringents," etc., to more clearly indicate their use.

We find in this book that minute attention is paid to the diagnosis and differentiation of diseases by the most approved microscopical and bacteriological methods, as well as by close observance of ordinary subjective and objective symptoms, and that one of its most conspicuous merits is the evidence on every page of its being the fruit of practical experience.

A TEXT-BOOK OF DISEASES OF THE NOSE AND THROAT. By D. Braden Kyle, M.D. With 175 illustrations, 23 of them in colors. Philadelphia: W. B. Saunders, 925 Walnut Street. 1899.

So many books on diseases of the nose and throat have been published during the past few years that an addition to the number must bear the stamp of originality and scholarly attainments more than ordinary to receive attention from the profession. This new text-

book is well worth a prominent place in the library of the specialist, as well as the general practitioner. It has six hundred odd pages and contains much original matter clearly expressed and well worth consideration.

Microscopical study of tissues precedes in many instances macroscopical demonstrations. The illustrations are many and varied in character, a portion of them being particularly fine. Some of the rare diseases of the nose and throat are given space in the book, adding much to its value as a reference book for the specialist.

The work concludes with a chapter on operations of the larynx, by W. W. Kern, M.D. This well-known writer and skilful operator has hardly done justice to himself in the little he writes on this topic, and what is written does not compare in any way favorably with the treatment of preceding subjects.

G. B. R.

AMERICAN POCKET MEDICAL DICTIONARY. Edited by W. A. Newman Dorland, A.M., M.D. Second edition, revised. Philadelphia: W. B. Saunders. 1899. pp. 518. Price, \$1.25 net.

Naturally no marked differences are observable between the second and first editions, the former having followed the latter within six months. A few typographical and other errors have been corrected, and a number of the more important new words have been added.

It is, in both editions, a most serviceable little book, containing, as it does, the pronunciation and definition of over twenty-six thousand of the terms used in medicine and the kindred sciences, together with some sixty or more extensive tables.

Such a work is a great convenience, a saver of time, and a promoter of accuracy.

It is comprehensive, inexpensive, and attractively gotten up, and has had and deserves to have a large circulation.

TREATMENT OF PELVIC INFLAMMATION THROUGH THE VAGINA. By William R. Pryor, M.D., Professor of Gynecology, New York Polyclinic, etc. Illustrated. Philadelphia: W. B. Saunders. 1899. pp. 248. Price, cloth, \$2.00 net.

This is a well and fearlessly written little book, worthy of careful reading by the conscientious surgeon. It is not of the cut and slash variety, notwithstanding the author's announcement that his surgical attitude is one of "aggressive interference."

While his conception of the proper treatment of the diseases of

women *in toto* is distinctly surgical, he convincingly pleads for conservatism in the use of the knife and a less frequent resort to radical operations. He believes, and seems to us shows, that curative procedures through the vagina instead of abdominally are invariably to be preferred in unilateral or bilateral hydro-salpinx, cystic ovaries, apoplexy of the ovary, occluded tubes, small broad ligament cysts, and adherent retractions; and generally in acute purulent salpingitis, acute pelvic lymphangitis and peritonitis, pyo-salpinx in young women when seen in first attacks of the inflammation, and recurrent salpingitis. He relegates the performance of radical operations to cases of diffuse pelvic suppuration, general sclerosis, gonorrhoeal pyo-salpinx in women over thirty; relapses after conservative operations; uterine tuberculosis; chronic metritis, with infected ligatures after abdominal operations upon the adnexa; abdominal sinus after celiotomy for adnexal disease; ectopic gestation, with rupture or without, and associated with adnexal disease on the other side; or in small bilateral ovarian cystomata.

A timely word is said on the desirability of modifying operative interference when possible in deference to the patient's desire to keep the special organs of her sex.

The author says: "These [feelings] I know are sentiments, but I believe them to be held by men also. Castration is an excellent operation for hypertrophy of the prostate, but I am not aware that it is received philosophically by men, nor often allowed."

Dr. Pryor calls attention to the fact that a conservative operation can always be followed by one radical, and with generally a cleaner field for the more extensive work. Clear and complete directions are given for the performance of all the operations referred to in this book.

A TREATISE ON SURGERY, BY AMERICAN AUTHORS. Edited by Roswell Park, M.D., Professor of Surgery in the University of Buffalo, N. Y. New condensed edition in one royal octavo volume of 1,262 pages, with 625 engravings and 37 full-page plates in colors and monochrome. Cloth, \$6.00, net; leather, \$7.00, net. Philadelphia and New York: Lea Brothers & Co.

Mr. Park and his publishers have now done just what we were surprised they did not do in the first edition of this admirable work.

It is not a cumbersome volume, this "condensed" edition, and is vastly more convenient, and consequently more serviceable, both for student and practitioner than its two-volume predecessor.

Every student and practitioner feels the need of a *one-volume* work of this nature about which he may group as occasion requires such special treatises upon certain classes of surgical diseases as may from time to time be published by those who have made special studies into various departments of the art. Such a need we believe the volume under consideration supplies.

After careful comparison we do not find that the present edition in its essential features has been materially "condensed" in the ordinary acceptation of the word, but rather that certain matter which is unimportant in a work of this character has been eliminated.

The excellent division into general and special surgery is maintained in this edition; and the carefully prepared and complete index, and the high degree of mechanical excellence attained, merit especial commendation. The scope of the work is ample, the space allotted to the various subjects considered is wisely proportioned, and a glance at the names of the twenty-eight distinguished contributors furnishes sufficient guarantee of scientific thoroughness and up-to-date treatment.

It is very doubtful if there is in print a work on surgery in one volume which contains more valuable information or is better adapted to practical work.

A. E. P. R.

APPLETON'S POPULAR SCIENCE MONTHLY for November contains several articles entertaining or specially interesting to the profession. Among them may be mentioned Spider Bites and "Kissing Bugs," by Prof. L. O. Howard, Chief of the United States Division of Entomology; Food Poisoning, by Prof. Victor C. Vaughan; and the Mosquito Theory of Malaria, by Major Ronald Ross, a paper which constitutes a report of his work in India, pursued under the authorization of the British Government.

Other articles of more popular interest are those on Wireless Telegraphy and the Real Problems of Democracy.

REPRINTS AND MONOGRAPHS RECEIVED.

The Failure of Antitoxin in the Treatment of Diphtheria By J. E. Herman, M.D. Reprinted from the *Medical Record*.

Circumstances under which Chloroform is Preferable to Ether as an Anesthetic. By George W. Gay, A.M., M.D. Reprinted from the *Boston Medical and Surgical Journal*.

The Other Side of the Antitoxin Question. By J. E. Herman, M.D. Reprinted from the *Medical Record*.

Talipes Varus — Tarsectomy. Complete Recovery, with Full Correction of the Deformity. By Wm. Davis Foster, M.D. Reprinted from the *Medical Brief*.

The Diagnostic Value of Abdominal Palpation in Diseases of the Intestines. By Chas. D. Aaron, M.D. Reprinted from *Mathews' Quarterly Journal*.

Carcinoma of the Duodenum. By Chas. D. Aaron, M.D. Reprinted from the *Philadelphia Medical Journal*.

Hydrochloric Acid, Simple Method of Administering. By Chas. D. Aaron, M.D. Reprinted from the *Journal of the American Medical Association*.

PERSONAL AND NEWS ITEMS.

DR. FRANK A. DAVIS has removed his office from 41 West Newton Street to 4 Marlboro Street. Office hours from 2 to 5 P.M.

DR. ANNA B. DAVIS has associated herself with Dr. Martha E. Mann at 2 Commonwealth Avenue. Office hours 10 A.M. to 1 P.M. and 7 to 8.30 P.M. Dr. Davis' home address is 4 Marlboro Street.

DR. COFFIN'S hours will continue to be from 10 A.M. to 12.30 P.M.

DR. F. A. HODGDON has removed his office from 52 High Street to 83 Salem Street, Malden, Mass.

TO LET. — Physician's office near Copley Square, or will share office. Address "E. G. H.," care of Otis Clapp & Son, 10 Park Square, Boston.

DR. GEORGE W. ROBERTS announces his retirement from general practice in order to devote his attention to surgery and gynecology exclusively. Hours 11 to 1 and by appointment. Telephone 618 Columbus. The Strathmore, Broadway and Fifty-second Street, New York.

FOR SALE. — A Hammond typewriter, Ideal keyboard, in fine condition. This was the property of a physician recently deceased, and will be sold at a low price. Address "E. E.," care of Otis Clapp & Son, 10 Park Square, Boston.

DR. GEORGE H. TALBOT has opened an office in the Hotel Kensington, corner Boylston and Exeter Streets, Boston, where he will give special attention to diseases of the eye. Office hours 11 to 1. Telephone.

DR. NATHANIEL W. EMERSON has removed his office to the Hotel Kensington, corner Boylston and Exeter Streets, Boston. Office hours 2 to 4. Telephone.

DR. G. J. PIERCE, formerly of Phillipston, Mass., has removed to Worcester, Mass., 1½ Crown Street, where he will make a specialty of chronic diseases.

DR. F. A. HODGDON has removed his office from High Street to No. 83 Salem Street, Malden, Mass.

DR. OSCAR W. ROBERTS has removed his office to Dickinson's Block, 4 Chestnut Street, Springfield, Mass.

EDWARD G. TUTTLE, M.D., 61 West 51st Street, New York, desires to announce that after October 15, 1899, he will not assume charge of any new medical patients, but will devote himself exclusively to gynecology and surgery.

NEW YORK Skin and Cancer Hospital, Second Avenue, corner 19th Street. The governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley will give a second series of clinical lectures on "Diseases of the Skin," in the Out-Patient Hall of the hospital, on Wednesday afternoons, commencing November 1, 1899, at 4.15 o'clock. The course will be free to the medical profession. William C. Witter, Chairman of Executive Committee.

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MEMORIAL TO THE LATE DR. I. TISDALE TALBOT.

The memorial service to the late Dr. Israel Tisdale Talbot was held in Association Hall, Boston, October 30, 1899. The program was as follows, the music, under the charge of Dr. Geo. B. Rice, being rendered by a male choir under the leadership of Mr. L. M. Bartlett :—

ORDER OF EXERCISES.

MUSIC, "Integer Vitæ," Horace, Ode XXII.

F. Fleming

(By a chorus of male voices.)

"He who is upright, kind, and free from error
Needs not the aid of arms or men to guard him;
Safely he moves, a child to guilty terrors,
Strong in his virtues.

"What though he journey o'er the burning Syrtes,
Or climb alone the dreadful, dang'rous Gaimas,
Or taste the waters of the famed Hydaspes?
Gods will attend him."

PRAYER

Rev. C. H. Brent

INTRODUCTORY REMARKS

Frank C. Richardson, M.D.

President Massachusetts Homœopathic Medical Society

ADDRESS

Wm. F. Warren, LL.D.

Representing Boston University

ADDRESS

Col. Charles R. Codman

Representing the Laity

MUSIC, "Forever Blessed"

Mendelssohn

"Forever bless'd are they which die in the Lord, from henceforth,
oh blessed forever.

Thus the spirit saith to us, that they may rest from all their labor
and sorrow."

ADDRESS

Pemberton Dudley, M.D.

Representing the Profession at Large

ADDRESS

Conrad Wesselhoeft, M.D.

Representing the Faculty of Boston University School of Medicine

MUSIC, "Chorus of Pilgrims"

Wagner

"Once more, dear home, I with rapture behold thee,
And greet the fields that so sweetly enfold thee;
Thou, pilgrim staff, may rest thee now,
Since I to God have fulfilled my vow.
By labors long I have atoned,
And God's pure law my heart hath owned;
My pains hath he with blessing crowned,
To God my song shall aye resound.
Once more, dear home, I with rapture behold thee,
And greet the fields that so sweetly enfold thee;
Yes, pilgrim staff, thy toil is o'er,
I'll serve my God, forevermore. Hallelujah, forevermore."

ADDRESS

J. H. McClelland, M.D.

Representing the American Institute of Homœopathy

ADDRESS

John L. Coffin, M.D.

Representing the Massachusetts Homœopathic Medical Society

MUSIC, "When for Me"

Lewis

"When for me the silent oar
Parts the silent river,
And I stand upon the shore
Of the strange Forever,
Shall I miss the loved and known?
Shall I vainly seek mine own?"

“ Can the ties that make us here
Know ourselves immortal
Drop away like foliage sere
At life's inner portal?
What is holiest below
Must forever live and grow.

“ He who plants within our hearts
All this deep affection,
Giving, when the form departs,
Fadeless recollection,
Will but clasp th' unbroken chain
Closer when we meet again.”

Dr. F. C. Richardson, President of the Massachusetts Homœopathic Medical Society, presided. The addresses in full were as follows : —

Introductory Address of F. C. Richardson, M.D.

Ladies and Gentlemen, — In the preparation for this memorial your committee has been especially impressed by two facts ; namely, that those who gathered here this evening would represent but a small fraction of the very many men and women throughout the world who would gladly unite with us in a tribute to the memory of Dr. Talbot, so far-reaching has been the influence of his life. Again, that that influence is not of transient character, but that it must leave upon all our affairs a lasting impress ; not alone by reason of the good work accomplished, but because of the inspiration his life has afforded to others. Although we have been deprived of the fellowship of a leader, a colleague, a friend, we have still to guide and stimulate us the memory of his well-spent life ; and the meeting this evening should have a twofold object, not only that we may pay tribute to the memory of that life, but also that we may have more fully impressed upon us its inspiring example, its steadfast purpose, its splendid accomplishments. The trials, the heartaches, the sacrifices incident to such a life are too sacred for our consideration, but we are privileged to dwell upon its grand achievements. Our meeting, therefore, should not be of sombre tone, but, on the con-

trary, triumphant, in the knowledge that there has lived amongst us a good man, who, to our lasting benefit, has fulfilled to the utmost the high destiny of his life, the guiding precept of which has ever been responsibility to God and duty to his fellow man. With such thoughts as these in the minds of speakers and hearers, this occasion cannot, I am sure, fail to be edifying in the highest degree to all those who participate.

Address of Wm. F. Warren, LL.D., President of Boston University.

In order that I may be certain not to overpass the time limit which every speaker on so extended a program as the present ought carefully to observe, I have put in writing what my heart prompts me to say of the beloved friend whom we are met to honor.

Israel Tisdale Talbot was, first of all, a manly man. In all the years of my association with him, I never knew him to betray an ignoble aim or to resort to an unworthy measure. As a consequence he was trusted; and this unwavering trust in his manly honor was the foundation of his wide and ever wider influence.

Again, his self-regimen was notable. The first time I ever saw him was under circumstances in which, by reason of an apparent invasion of his professional prerogatives by another, few men could have retained the coolness of self-control. His deportment under the extraordinarily trying conditions evidenced a self-mastery rarely met. To this hour I have retained the impression then made upon me.

The history of the movements which led to the opening of the Medical Department of Boston University in 1873 have been outlined in a memorial minute adopted last summer by the authorities of the university. It is too long for rehearsal here. From the opening of the department till the date of his death, Dr. Talbot was annually elected by the trustees to the deanship of the faculty. In this position he showed rare

skill and a loyalty to the university's interests worthy of one who had been the beloved family physician of at least two of its founders. As a teacher he was able; as an administrator, tactful; as a counsellor, beloved. He was a firm believer in coeducation. At the time of the struggle for the opening of facilities for college preparation to girls in Boston, he rendered the cause of progress a valued service. Many a man would have shrunk from the risk and responsibility of conducting the then untried experiment of coeducation in medical and surgical instruction, but he did not. The issue abundantly vindicated his faith and courage. He lived to see the newest and strongest institutions, universities like the Johns Hopkins and Cornell, following the example first set in Boston University.

Dean Talbot was by instinct a leader. He was ready for the highest practicable advances. Accordingly, when it was suggested that the time had come to advance the standard of medical education in America by establishing a curriculum four years in duration, in place of the meagre courses of two, or at most three, years then maintained in the old institutions, he saw the need and the waiting opportunity, and under the inspiration of his advocacy not only his colleagues in our faculty were won to the measure, but also in a short time the governing authorities of the homœopathic colleges throughout the country. Had he been less responsive to high ideals, Boston University would have missed the honor she now enjoys of having been the first of American institutions to provide and maintain a four years' course preliminary to a doctorate in medicine and surgery.

Some leaders accomplish their victories by organizing cliques and parties, and so giving to partisan aims and enthusiasms the concentration and force of organization. Such victories are always partisan and seldom permanent. Dean Talbot's broad spirit chose nobler aims and wiser instrumentalities. He discountenanced narrowness of every sort. He opposed carrying even the college feeling, college badges, college headquarters, and such like into the state, national, and international conferences. He strove to unify all inter-

ests, all local and personal forces, in harmonious coöperation for the good of the profession, and for the benefit of the public. The abundant testimony as to his success will be given you this evening by many witnesses.

The generosity of his nature revealed itself in many an experience of his active life. He loved to praise the merits and the successes of his many colleagues. Only a day or two ago I unexpectedly came upon a letter of his written from New Hampshire two years ago last Saturday. He had just returned from his year in Europe. I had sent him upon his arrival a note of welcome and of congratulation on the improved condition of his health. His reply well illustrates his habitual love of his colleagues and his habitual delight in their successes. He says : —

I had hoped ere this to pay my respects to you in person, but though I am much better than when I went away, yet I have not the strength to do a tithe of the things for which I have the inclination.

It is a great satisfaction to be at home again among the activities and to see others do well what I cannot perform. It has been a great source of rejoicing to me that affairs connected with the school have gone on so well in my absence. I am delighted to find in Dr. Sutherland a man of so much keen insight and executive ability in his relations to the students, and should feel no hesitation in relinquishing my duties to him, assured they would not in any respects suffer at his hands.

How loyal and spontaneous a word was this. And it was spoken in ready recognition of a colleague young enough to have been his pupil in the earlier years of the school. In the very next paragraph he goes on, as follows : —

We have a superb set of men in the faculty, earnest, conscientious, painstaking, and ambitious to do the best possible in their work.

Instead of supposing that the school must have missed him during the year and suffered from his absence, his indestructible modesty and optimism prompt him to say : “ The standard of instruction has steadily improved from the beginning

and perhaps at no time more than during the past year." What wonder we all loved so unselfish an associate, so generous a friend.

Such was the man who, in the maturity of his powers and influence, has been taken from us. Well may words of honor and affection be spoken on both sides of the broad Atlantic. In the words of Matthew Arnold by the grave of his father fifteen years after the separation, many a questioner will cry :

O strong soul, by what shore
Tarriest thou now? For that force
Surely has not been left vain !
Somewhere, surely, afar
In the sounding labor-house vast
Of being is practised that strength,
Zealous, beneficent, firm !

Yes, in some far-shining sphere,
Conscious or not of the past,
Still thou performest the word
Of the Spirit in whom thou dost live —
Prompt, unwearied, as here !
Still, like a trumpet dost rouse
Those who with half-open eyes
Tread the borderland dim
'Twixt vice and virtue ; revivest,
Succorest ! — this was thy work,
This was thy life upon earth.

Address of Col. Charles R. Codman.

I am here to speak of Dr. Israel Tisdale Talbot as his neighbor and his friend, and as having had exceptional opportunities from much confidential intercourse with him of knowing and understanding the motives that influenced his actions. It is, however, comparatively recently that I have been brought into intimate relations with him. I know nothing, except by reading their record, of the active controversies of his early medical life ; but since I have known the man for a period of now more than twenty years, I have become convinced that it was from no love of strife and con-

tention that he was foremost and most aggressive in the advocacy of the cause in which he believed. Nothing but love of the truth, as he was given to see it, and a consuming desire that his fellow men should receive those benefits which the new system of therapeutics seemed to him to promise them, could have led him to give so much time and such untiring energy to its propagation, and to make other sacrifices greater to him than the loss of time or of money. More than once I have heard him express his sorrow, that fidelity to his convictions had compelled him to part company with the larger number of his professional brethren. Let no one imagine that he did not keenly feel the obloquy and the contempt that so many of them exhibited towards him. I know that it saddened him; and I also know the dignity and the courage with which it was endured. If it never checked his zeal for his cause, it was because he was fully possessed of the true spirit of the martyrs. He could be brave not only against open and violent assault; but, more than that, he was ready to give up social amenities and personal friendships, and to submit to cold looks and constrained behavior from those whose sympathy and regard he would have been only too glad to retain.

But as time went on, old prejudices and animosities became modified, and Dr. Talbot was with us long enough to "live" them down. He continued his propaganda to the last, faithfully and vigorously; he never stooped to personal abuse, he called no names; but he never relaxed his efforts, and never lowered the standard that he carried. There was no one of his most censorious critics that he was not willing to forgive; there were no overtures towards peace and conciliation that he was not ready to welcome; and if he did not hold professional intercourse with his brethren of the "regular" school, it was because they, and not he, refused it. He came at last to command their respect; but he never made a concession that could compromise the cause for which he stood.

In these times when the "odium theologicum" has passed away, and when even the "odium medicum" has lost much

of its virulence, the younger members of the medical profession and of the community can hardly realize the bitterness that was felt and expressed towards the homœopathists, less than fifty years ago. If all this has been changed for the better, and if hostility has given way to more kindly feeling, it only proves that courage and sincerity are sure at last of appreciation and of respect.

The pioneers in a worthy cause often have to trust to posterity for their vindication and to leave the world apparently no better than they found it ; but it was Dr. Talbot's singular happiness to live long enough to see and to enjoy the fruits of his persistent and self-sacrificing efforts — an experience that is not given to all reformers.

It may be said of much the greater part of the institutions and societies for the advancement of homœopathy in this country with which Dr. Talbot was concerned, that they have attained success within the period of his activity. Of none is this more true than of the Massachusetts Homœopathic Hospital, an institution of which I may speak from an intimate knowledge of twenty years. This is not the proper time to detail the good work that it has done, which is well understood and recognized by the people of Boston. It is enough to recall its humble beginning when, in 1870, the corporation hired and fitted up a small house in Burroughs Place as a hospital for sixteen patients ; and to point now to the stately and well-equipped building, in East Concord and Stoughton Streets, in which is given the best medical and surgical treatment to two hundred patients.

Dr. Talbot has served this institution as one of its founders, as its most active promoter and advocate, as an officer in its government in the capacities of trustee and director, and as a member and chairman of its medical board. This activity and energy were unbounded in all these departments. His large private practice never prevented his giving full attention to all the duties imposed upon him by his connection with the hospital. These duties included not only the great professional responsibilities which as a physician

and surgeon he might have been expected gladly to assume, but also the business administration of the hospital, in which he always took the leading and the most active part. The largest gifts that the hospital has received have been due to his tact and wisdom in laying its claims before those generous members of our community who have been its benefactors. He has been its successful leader in all its applications to the state or the city for financial aid. He shrank from no details ; and those things that no one else could or would do, he was always ready to take upon himself, however trivial and however burdensome. And we know well that the same conscientious thoroughness marked his care of all the institutions in which he had any interest as representing the homœopathic school of medicine. It was indeed amazing how much work he did, and how well he did it, up to the very end of his toilsome life.

I must not fail to speak of Dr. Talbot as a family physician, in which capacity I have known him since 1878. Nothing could exceed his attention or his care ; and as a somewhat late believer in the advantages of the homœopathic system, and therefore, as one who has had experience of non-homœopathic methods, I must give my testimony to his singular success, where others seem to me to have failed. He was a physician of sane and sound judgment, and he knew well how to bring his large knowledge and experience to bear upon his cases. His consideration and his tenderness for those whom he attended were very great, and he never manifested impatience or irritation when his patients or their friends misjudged him as a physician. I suppose that physicians are often misjudged ; but I am sure that all do not bear injustice with the same magnanimity that I have seen in Dr. Talbot.

But when all this has been said, what is it that is most worthy of our admiration in the man whose memory we would honor to-night ? It is not only the singleness and honesty of his purposes, and his unwearied persistence in carrying them out, nor even the natural power of his intellect and of his will, which was far above that of ordinary men ; it is rather his high-minded unselfishness. The

desire to relieve suffering was the great motive that animated his life. If he threw his whole soul into what he believed was a needed reform, it was neither because he loved controversy nor because he coveted fame and reputation. It was the actual suffering of the men and women that he saw, which he thought was not sufficiently alleviated or prevented by the old therapeutic methods, that kindled and sustained his desire for the success of his cause ; and, as it gained ground in the respect of his fellow citizens, and he saw it heartily approved by many laymen of character and intelligence, intense as his satisfaction must have been, he never gave utterance to a word of personal triumph.

It is not surprising that his loss to the cause is deplored everywhere and that testimonials of regard and sorrow come to us from across the seas.

We commemorate to-day a man of perfect integrity and of lofty motive, who has done his life's work, and has performed faithfully and fully the duty that his conscience and his convictions laid upon him. Surely there can be no better eulogy than is expressed by these simple words : —

“After ‘life's fitful fever’ this brave champion and leader sleeps well. He has outlived and conquered the honest prejudices of many honest men, and he leaves a name unstained and altogether honorable. Those who follow him and who are to continue his work may well feel the inspiration of his example. He has shown what great things a single man can do who never flinches, who never despairs, and who is always conscientious. Peace to him as he enters into the immediate presence of the Master, and may he have many earnest followers as brave and as devoted as himself.”

Address of Pemberton Dudley, M.D., of Philadelphia, Pa.

Let me, at the beginning of these remarks, express my appreciation of the Executive Committee's kindness in permitting a tribute to the memory of Dr. Talbot from one who had been honored with his personal friendship for nearly

twenty years, and who had been guided by his kindly, yet faithful, criticism and sagacious counsel in more than one period of difficulty and uncertainty. The *départure* of the distinguished physician who is the subject of our thoughts to-night brings to me, as to so many others, a sense of personal loss and bereavement.

But I am here to speak, not for myself, but in behalf of that large body of humanitarian toilers of which Dr. Talbot formed so conspicuous a feature, and who owe to every such leader as he was a large meed of admiration and a large debt of gratitude.

It is proper that mention should be here made of the fact that our departed colleague was an alumnus of the institution with which I have the honor to hold official relation, and that his character, his scholarship, and his life work have reflected high credit upon his Alma Mater and made her justly proud of her relationship to her distinguished son. And yet, Dr. Talbot's interest in medical education was too broad to be restricted to any single institution. He belonged to all the twenty homœopathic colleges of the United States, and labored earnestly for the efficiency and prosperity of all of them.

In the chronicles of the ancient Hebrews, in the course of a history of general unfaithfulness on the part of official leaders, and of indifference on the part of their subjects and followers, there springs into almost startling prominence the story of a faithful, devoted, laborious, self-sacrificing priest, whose only official thought seems to have been to lift up his people and bring them under the protecting favor of the Almighty. We read that when the faithful Jehoiada died, "they buried him in the city of David, among the kings, because he had done good in Israel." These ancient and not very cultivated people must have recognized a principle that even some of their descendants are prone to forget: that true kingliness of character finds its expression and its province in that form of leadership which thrusts aside self and selfish ambitions and seeks only to elevate and bless others. No matter where or amid what surroundings of natural beauty

or of artistic taste the mortal remains of Dr. Talbot await the resurrection call, in the hearts of those who knew him best and comprehended him most, his memory is enshrined among the kingly ones of earth, "because he had wrought good in Israel." For a memorial eulogium of such a man as he, what text more appropriately suggestive could be chosen than the simple words, "They buried him among the kings" ?

It is difficult to separate a worker from his work. That men make history is not more true than that history makes men. The man is a part of the event ; the event a part of the man. Every reminiscence of Dr. Talbot brings up before the mind the great medical school, the hospital, the medical journal, the local, state, and national societies, the inter-collegiate organization, the elevation of medico-educational standards, the coeducation of the sexes in medical colleges, the advocacy of philosophical methods in medical instruction, and the battle in defence of liberty of conscience in medical practice. Whenever to one familiar with recent medical history the name of Dr. Talbot is mentioned, some one or more of these great beneficent movements and enterprises comes before the mental vision as if to complete the picture of the man. We cannot dissociate him from what he accomplished.

It is very easy to judge the quality of certain great public movements by the character of the men who originate and propagate them. Conversely it ought to be possible to explain the character of a public man by the nature of the tasks and projects to which he applies his thoughts and energies. We who knew the quality of Dr. Talbot's inner nature are not surprised that after his practical manifestation of interest in his own Alma Mater and in the great school he aided in founding, his unsatisfied aspirations still reached forth to uplift all the homœopathic schools in existence and to elevate educational ideals all over the land.

The man's character explains his work. Will not the man's work also explain him ? What was Dr. Talbot, aside from his more public activities ? What was he before — what was he underneath these labors and enterprises ? What was in him to make him concern himself in enterprises of such

peculiar pith and moment? We are speaking for the profession at large; and the profession is concerned — deeply concerned — in learning how such men are produced, and out of what sort of material. We see in him a man of clean lips and of pure life; of kindly disposition and of courtly bearing; of fine literary taste and scholarship and of broad scientific attainment; of skill and devotion in his professional duties, and of all the qualities that are essential to the make-up of the successful physician. But no one of these admirable qualities nor all of them combined could have made him so influential a leader in professional progress and in the educational and benevolent enterprises in which he was so peculiarly distinguished. In connection with all his more external qualifications there must have existed an inner consciousness of the almost divine import of his professional relations and responsibilities — a conviction that his mission was exalted, and that his field was the world of humanity lying in the throes of disease. When with all his energy he entered into the movement to establish the Massachusetts Homœopathic Hospital, he was well aware that to him it meant anxious hours, toilsome days, and sleepless nights; that it involved the sacrifice of private business, the expenditure of private means, and the diminution of the hours to be spent amid the delights of the home circle. Only the broadest humanitarian spirit could have impelled him to such an undertaking.

The key to an understanding of Dr. Talbot's public career, then, is not to be sought in his brilliant capacity, his comprehensive outlook, or his tireless energy, though these were doubtless essential to the wise formation of his plans and the successful accomplishment of his purposes. Undoubtedly the primary and foundational factor in determining the quality and extent of his public service and the distinction he attained was an extraordinarily accurate and exalted conception of the medical man's responsibility and of his relation to human happiness and welfare. Resting upon this conviction there must have been ardent hope, high purpose, and indomitable courage. These were the fundamental elements in the building up of his high character and in determining his

extraordinary career of public and professional usefulness. And it is to these qualities and characteristics that we must primarily attribute the historic fact that Dr. Talbot's name and his noble deeds are to-day known and honored and loved throughout all the borders of American and European civilization. True it is that Dr. Talbot's entrance into medicine occurred under conditions better adapted to nurture and develop the finer and nobler aspirations and purposes than are those that influence the young physician of the present day. There was less temptation to forget the higher and holier objects of medical study in the mad struggle to acquire the ability to answer all sorts of questions from memory, and to pass all sorts of examinations. There was less of the spirit of medical commercialism to allure him and less of the crude and repressive spirit of legalism to irritate and embitter him. He was regarded more as the coming friend of the poor and the suffering and less as an object of governmental suspicion. Beyond all question, the practice of medicine presented far more favorable conditions for the development of the spirit and habit of public and private benevolence in those earlier days than it does now.

It must not be assumed that these moral attributes of Dr. Talbot's character, to which we are ascribing so much influence in the determination of his career, were combined in a sort of flabby, namby-pamby sentimentalism. Very far from it! Dr. Talbot's whole being was full of alertness, plan, purpose, determination, courage, fearlessness. He was in more than usual degree one of the sort of men who bring things to pass — not a dreamer, but possessed of executive energy in every fibre of his being. This was peculiarly and beautifully illustrated when in 1873 the battle for freedom of medical opinion and practice was fought in the Supreme Court and — lost; and when Dr. Talbot and his handful of associates, quick to discern and interpret the drift of popular sentiment and sympathy, wrung out of the very jaws of defeat that mighty victory, the establishment of the Massachusetts Homœopathic Hospital and the Boston University School of Medicine. It constituted, not merely the creation of a sys-

tem of homœopathic education for all New England, but the centre of an uplifting influence which is felt in every medical college throughout the United States. It was the most blessed defeat that homœopathy ever enjoyed, and its magnificent results exhibit Dr. Talbot in a light that can be adequately expressed by but a single term — “Genius.”

To the young physician, what a lesson is presented in the life and character of this distinguished man! Many a brilliant young practitioner has failed to reach the goal of his ambition or to justify the expectations of his friends simply and only because he lacked the requisite *moral* qualities. Medicine is a means, not an end. The physicians' realm is a realm of service. A greater Physician than Dr. Talbot once said, “If any man will be great among you, let him be your ministering servant.” In the domain of medical practice, the Master's rule is not only imperative; it is also nearly or quite unailing. The pathway to medical distinction lies directly through service and self-sacrifice.

Let us be thankful for such a character as the one we are paying honor to to-night — thankful for such a career, for such a man; and let our humanity earnestly invoke the God of all grace for more men like him.

Address of Dr. Conrad Wesselhoeft, of Boston, Mass.

As it is my privilege to speak of Dr. I. T. Talbot in behalf of the Boston University School of Medicine, it seems to me that I can best fulfil this request by alluding to Dr. Talbot's connection, not only with that school, but also with the various organizations in which he had been so influential for so many years; at the same time permit me to allude to the methods of his work and his great ability in performing it.

My associations with Dr. Talbot, dating back for more than forty years, enable me to call back in memory various phases of his influence during that time. My first acquaintance with him began in 1857 or 1858 at the meetings of the Boston Academy of Homœopathic Medicine — a small society compared

with our societies of to-day. Fifteen or twenty of us would come together to talk over our plans and the best methods of treating the sick. It was a common experience in those meetings that Dr. Talbot's presence always infused new life and energy into the proceedings, which were apt to lag in his absence ; this, however, was very rare indeed. This society continued until it took a new departure by becoming merged into an organization known to-day as the Boston Homœopathic Society. Omitting the details of how all this came about, it is only necessary to say that at that time it was moved and carried to do away with the idea that homœopathy was merely a creed, and that it was an established method of therapeutic science. Dr. Talbot, though not the originator of this movement, was most influential and enthusiastic in establishing the Homœopathic Medical Society on this more liberal basis in accordance with which, and contrary to previous usage, and contrary to the usage of the other school, all well accredited physicians could be admitted without pledging themselves to a belief, so long as they agreed to work on the lines laid out by the society. It is easy enough to suggest an idea, but to make practical application of it is not the gift of every one. Dr. Talbot possessed it in a high degree, and to his aid the Boston Homœopathic Society is indebted to the honor of being the first of its kind to enjoy a constitution and by-laws which declare science to be free.

In connection with the organization of the Boston Homœopathic Society, I recall the time in 1857 or 1858 when the need of a homœopathic dispensary began to be felt by the public as well as by physicians. That idea was at once taken up by Dr. Talbot and most vigorously acted upon. You may remember what fairs were in those days ; they required a great deal of work and realized but small amounts of money, so that eight or nine hundred dollars were considered as a successful result. Dr. Talbot thought otherwise, for he saw in it an opportunity to realize much more ; and the result exceeded even his expectations, because that first fair for the dispensary netted ten thousand dollars, which formed the nucleus of the present property of that institution. Many of

you who are present will remember the skill and industry which Dr. Talbot displayed at that time. But you will remember more distinctly, because it is nearer in point of time, the greater event which followed, and to which the speakers before me this evening, Colonel Codman and Professor Dudley, have so aptly alluded. The trial of the homœopathic members of the Massachusetts Medical Society and their expulsion from the same — it must have been in the seventies — led to a general uprising of the friends of homœopathy which resulted in another great fair, greater than was ever held anywhere. In this, as in the previous one, Dr. Talbot took the lead in its organization, seeming to be everywhere at the same time. The fair lasted a whole week, and netted its promoters no less than eighty-five thousand dollars — a sum unheard of thus far in the annals of fairs. I remember how much we were all interested, and how that interest was stimulated by Dr. Talbot's example, method, and practical tact. He showed us just how to do it, and it was so easy to do it under his guidance, it was one of those achievements in which he was the moving spirit; still he did not seem to be very prominent; one saw more of those whom he had set at work than one saw of him.

But I think that the most important work of Dr. Talbot's life, and one which he carried out and perfected to the highest degree, was the Boston University School of Medicine. The plan of such a school had slumbered with us for some years since it was first broached, I think in 1850. Nothing was done about it except that when it was mentioned it was always received with a good deal of appreciation; but there was one with us to whom that suggestion grew into a firm resolution, and when the time had ripened it, the college was organized. It came about through fortuitous circumstances of a medical school for women; desiring to dispose of its grounds and buildings, it was at once seized upon and secured chiefly through the forethought and practical skill of Dr. Talbot, who upon its organization became dean of the faculty of this now flourishing medical school, and retained this office up to the time of his death with great credit to himself

and to the entire satisfaction of all connected with this institution. In this connection the names of David Thayer, E. B. de Gersdorff, and D. G. Woodvine, who have all gone before, deserve to be mentioned.

I was asked to speak also of Dr. Talbot's methods of work, and think that the whole secret of his success lay in his energy and tact, combined with method and foresight. Thus he would proceed to see personally every man and woman within his reach in the profession, and arouse their interest in his plans. That was one great factor. His next step would be to get the community at large interested. This he generally did by sending out circulars. These seemed to some perhaps perfunctory and insignificant, but the sender knew their purpose, for the way had been prepared for them ; they told everybody just what was to be done, and prepared people's minds for the event. Still another step was to call a meeting. Now, there is always a great deal of difference between meetings where everybody is informed and well posted as to the object of the meeting, and those in which nobody knows the object and only comes from curiosity if he comes at all. In those meetings called by Dr. Talbot, every one knew just what was wanted and what was to be done, and the result was harmony, decision, and rapid transaction of business, for everything had been prepared by one mind that knew how to impress others. These principles played a great part in Dr. Talbot's manner of organization in regard to the dispensary, hospital, and college, while in the organization of societies he proceeded on a plan adopted by him in the reorganization of the American Institute of Homœopathy. This institution had languished somewhat for several years. The attendance was small, and the meetings were held at irregular periods, especially during the war, when for a year or so no meetings were called up to the time of the memorable one at St. Louis, when new light was infused into this work by Dr. Talbot's skill in organization ; and the institute to-day, instead of having on its rolls a few hundreds, now counts as its members nearly two thousand homœopathic physicians of the United States. This was done by crystal-

lizing the various branches of science into groups or sections, each section having its chairman and secretary. The result was a great increase of very progressive work, in which not only the materia medica, but all branches of medical science were represented. The plan was that of Dr. Talbot, and in the execution of it his methods were followed.

At one time the interest in our local society failed somewhat, but Dr. Talbot's watchful eye soon saw and remedied the fault. Thus one evening he appeared with a paper of rules and reformatory by-laws which, though introduced in the most quiet and perfunctory manner, soon infused new light and ambition into the meetings, which have ever since been most profitable. While before this time the work done at these meetings was of a most desultory character, it now became regular and interesting under the supervision of chairmen and active secretaries, and the attendance all that could be desired.

In closing, let me say that we shall cherish the memory of our dear friend as long as we live, and shall always allow the spirit of the works he had inaugurated to guide us henceforth.

Address of J. H. McClelland, M.D., Pittsburgh.

It is a fitting thing that we should gather from near and far to strew flowers upon the last resting place of our dear friend; to speak of his worth and achievements and to pay tribute to his revered memory.

I have been asked to refer to Dr. Talbot's work in our national body, the American Institute of Homœopathy.

Looking over the flood of years, memory brings to mind my first impressions of the men and the work of the American Institute. This was in June of the year 1866, at the session which met in my native city. As an undergraduate I was not yet eligible to membership, but I was none the less interested in taking the measure of those whom I found engaged in the active work of the session, and with whom I was later to be associated.

There were Dake and Ludlam and Helmuth, Kellogg, D. S. and H. M. Smith, Paine, Belcher, Wesselhoeft, McManus, and many more who had earned place in the front rank of their profession. It was a time of reorganization after the interruption caused by the Civil War. The earnest men of the institute were endeavoring to get the machinery in order for active work, measures were being discussed, and the future operations of the society outlined. It soon became evident to me from my position as a semi-outsider that the man of the hour was Dr. I. T. Talbot, of Boston.

He seemed to take in every situation at a glance, and in debate his reasoning was logical and forceful. I was drawn to him by his evident sincerity of purpose and unflagging enthusiasm in pursuit of the objects in view.

To be sure, I worshipped from afar off, for I did not then presume upon a close acquaintanceship, but, during all the years since, as my knowledge of the man has increased and my friendship grown closer, the opinion then formed has remained unchanged. Nay, a nearer and clearer knowledge of the man, his character, his work, and his attainments, have but served to increase my love and admiration. Emerson says, "It is natural to believe in great men," and, "when nature removes a great man people explore the horizon for a successor, but none comes"—and I fear none will.

The service of Dr. Talbot in the American Institute was long and honorable. He became a member the year of his graduation in medicine from Old Hahnemann in the famous class of 1853. He was a believer in the value of organization, and early devoted his talent to the upbuilding of our national body. He found it as a society few in membership and without a definite purpose. He, more than any other man, made it a mighty engine for the uplifting of his profession, having for its avowed purpose the general advancement of medical science.

Strong in the belief that "the destiny of organization is the achievement of great ends—quite impossible to individual efforts," he devoted his matchless energies to the work of creating a distinct advance along the whole line of profes-

sional attainment. The committee on reorganization which reported at this meeting in 1866 consisted of Drs. Talbot, Dake, Helmuth, Witherel, and D. S. Smith, and history tells how well they succeeded. A little later the contest for higher and better scholarship was inaugurated. It was then Dr. Talbot led with an intrepid leadership the heroic struggle for higher medical education, and succeeded in securing through the powerful influence of the institute advanced requirements for graduation, with unbroken uniformity in all our colleges. So that, beginning with the Boston University School of Medicine, which was practically his own creation, and of which he was the honored Dean, a greatly extended course of medical instruction was first required by the homœopathic colleges of our country. They became pioneers in the cause of medical education and secured the honor of being the first medical colleges in the United States which made a four years' course obligatory.

He also did much to secure suitable legislation in and out of the institution, both as a member of the legislative committee and in his individual capacity.

He was ever on the alert lest legislation inimical to our school should prevail, and exerted all his energies toward securing enactments that were just and equitable to all. While the young giant homœopathy was his spécial care, he was ever just in his respect for the rights of others.

For almost a lifetime he devoted unstinted labor upon the work of the Bureau of Organization, Registration, and Statistics, formulating plans and carrying many of them into effect. Enormous labor was necessary for the gathering and arranging of data in this department, but he never shirked from assuming his full share of the burden.

In an index being prepared by Dr. Henry M. Smith, of New York, of the papers and debates of the American Institute, page after page is devoted to recording the work of Dr. Talbot. We find scarcely a volume in all these years (forty-six) that does not contain valuable contributions from his pen. The mere naming of them would require more time than there is at my disposal.

The Bureau of Surgery comes in for many of these important contributions. We find he early recognized the value of antiseptics in surgery, and among the instructive papers from his hand are the following: on spinal curvature, hernia, staphylorrhaphy, perineorrhaphy, etc.

Dr. Talbot's ability was recognized not only on the floor where he was earnest, logical, convincing, and always courteous, but also for his excellent judgment as a presiding officer. His enormous capacity for committee work was so well known that he was in constant demand for this arduous service. Long after adjournment, away into the night, it was his wont to labor over any task that was assigned him. As a result of this a report coming from him was thoughtful, comprehensive, and to the point. Dr. Talbot's capacity for work was something extraordinary, making applicable to him Cecil's remark concerning Sir Walter Raleigh; namely, "I know that he can toil terribly."

He served the institute with conspicuous ability as President in 1872, having previously declined the honor when it was sought to be conferred.

He was chosen Vice-President in 1865, was for years the General Secretary, and had previously served as Provisional Secretary.

When it was proposed to erect a memorial to the memory of Hahnemann, Dr. Talbot, by my request, was placed on the committee. He entered earnestly upon the work and gave most valuable assistance in the delicate task of selecting a design. His last letter to me, written but a day or two before his death, was full of encouragement and promise of active help this coming winter.

I had the honor of being associated with him recently in the effort successfully made of securing the adoption by the institute of the original rendering as given by Hahnemann of his famous dictum, "*Similia similibus curentur*."

Thus in whatever capacity he was called to serve, he conscientiously did his duty, giving freely of his time and best energies. He never sought office or preferment, but was ready for work always.

In the international congresses he was an acknowledged leader, and was largely instrumental in their success. He was President of the phenomenally successful convention held at Atlantic City, 1891.

That the American Institute of Homœopathy owes its present commanding position to Dr. Talbot more than to any one who has ever been enrolled in its membership all will concede. He labored for its advancement early and late, and year following year, for nearly half a century. He guarded it in its days of weakness, and proudly rejoiced in its maturing strength and growing influence.

If for naught else than his devotion to the American Institute, his memory should descend to latest generations as one who dedicated his life to the advancement of his beloved calling and to the service of his fellow men.

Can it be possible that he will no more go in and out among us? Then must precious memories be our heritage. He is not with us, but of a truth, "His works do follow him."

His beautiful life and nobility of character, his devotion to the true and the good, his gentle sinking to rest at the close of day, suggests to us the sun at its going down, leaving the sky all aglow with the reflection of its glory — sure prophecy of a more glorious to-morrow.

To have known him and his great manly heart was the privilege of a life. He called me his friend, *and I loved him.*

Address of John L. Coffin, M.D.

Character in its fullest development, permeated by an individuality rich in conscious strength and filled with love for its fellow man, always commands the respect and admiration of mankind, and therefore it is that we are gathered together *in memoriam* — in memory of a man and a physician. Of a man who, sustained by an unfaltering trust in God, rounded out, to within a few months, the allotted span of man's life;

of a physician who for forty-five years gave himself, body and soul, to the service of suffering humanity and to the cause he so thoroughly loved.

It is not within my province, even if it were within my ability, to try to form any just estimate of the character whom we honor to-night. Rightly and justly to do this is hardly possible at this time, for to fairly estimate the value and influence of a man's life upon the time in which he lives, that life should not be viewed at too short range. Like a beautiful picture or a fair landscape, it should be seen from a sufficient distance to merge any distracting details into one grand harmonious whole of beauty. We come together not to examine motives, to criticise actions, to measure successes, but to pay to the memory of our friend and co-worker a loving tribute of respect, of honor, of affection.

In behalf of the Massachusetts Homœopathic Medical Society, for which I speak, I cannot do better than to show the great debt we owe our honored associate by a brief résumé of the work done by him for and amongst us.

On February 16, 1841, five physicians, brave men, having the courage of their convictions — Drs. Samuel Gregg, Josiah Foster Flag, Charles Wild, John P. Spooner, William Cutler, and Luther Clark — having “faith in the future of the therapeutic law whose guidance they had adopted,” formed a society known as the Massachusetts Homœopathic Fraternity. In 1851, ten years after its birth, it had thirty-three members and the name was changed to the present one of the Massachusetts Homœopathic Medical Society. On May 17, 1853, Dr. I. T. Talbot was elected a member. In the following *September* he was elected Assistant Secretary. December 13 he reported a case. January 10, 1854, he was elected Secretary and Treasurer. The next March, with four others, only one of whom survives him, he was appointed on a committee to select two or more drugs for proving by the society. April 11, 1855, he resigned the Secretaryship to go to Europe. On October 23, 1855, he read a paper entitled “On the Establishment of a Public Hospital and Dispensary,” in which he speaks of the progress towards

the establishment of a hospital, the length of time it *must* take to raise the funds and establish the same, and then showed that *meanwhile* something must be done by homœopathy and that something should be the establishment of a free dispensary. He shows the time to be especially propitious. The objections he forestalls by answering them before they are made. He arouses the enthusiasm of the society both by somewhat caustic criticisms of their existing lethargy and by promising undeniable success in the scheme, and thereby a widespread knowledge of homœopathy and its results among the everyday people. Finally he concludes by presenting a plan perfected even to small details for the practical establishment and working of the dispensary. Thus in less than three years after becoming a member of the society, he presents this address, in which he shows thus early that remarkable sagacity and political acumen which enabled him to see the ripeness of an occasion and to take advantage of it. It is almost superfluous to say that the society appointed a committee of which he was chairman, with full powers to act in the matter of a public homœopathic dispensary. January 15, 1856, he was re-elected Secretary and Treasurer. In June, 1856, the Massachusetts Homœopathic Medical Society was incorporated under the laws of the State, Dr. Talbot's name appearing as among the charter members. He had then been a member three years and had missed but one meeting, except during the few months he was abroad.

June 25, 1856, on the first meeting of the incorporated society he was appointed chairman of the committee to draft by-laws and also substitute orator for the ensuing year. In 1857 he was on the committee on materia medica. May 5, 1857, he presented a paper on the "History and Uses of Some New Surgical Instruments." In 1859 he was elected substitute orator and in 1860 orator. From 1861 to 1866 inclusive he was Recording Secretary of the society. April 10, 1861, he delivered the annual address on homœopathy. October 8, 1862, he read a most valuable paper on "Tracheotomy in Croup" with a report of five cases, in which he says

in reporting the first case, that it was the first successful case performed by the Trousseau method in this country.

I have thus minutely sketched the work done in this society during the first ten years of his membership to show that in the very beginning of his professional career he showed remarkable aptitude and ability and willingness for constant, laborious, and valuable work. Interesting as it would be to follow thus minutely his course throughout his whole society life, time forbids and I can only mention a few of the more salient features.

In 1866 he was elected Vice-President, and in 1867, President. In the presidential address of that year he made a most urgent appeal for the proving of drugs and the more thorough education of the young physician. In 1868, as chairman of the Bureau of Surgery, he strongly advocated conservatism in surgery and mentions carbolic acid as a new and valuable agent.

In 1871, in the report of a committee to present a memorial to the Governor concerning the refusal of the Surgeon General, William J. Dale, to approve the appointment of Dr. Henry P. Shattuck, M.D., as medical director of the First Massachusetts Brigade on account of his homœopathic propensities, Dr. Talbot testified that the Surgeon General told him that if he, Dr. Talbot, would "ignore homœopathy — give it up entirely, he would approve of his appointment to any position in the army." It is needless to say that he was not appointed at that price.

In 1871 he was a member of the committee to draft resolutions of sympathy and solicit aid for professional brethren suffering from the Chicago fire.

At a special meeting, called February 15, 1872, to hear the report of the committee on legislation in reference to the action of the Massachusetts Medical Society in expelling those members believing in the homœopathic law, he made a most stirring speech, the beginning of which I cannot refrain from quoting. He says: "It is not homœopathic physicians merely that are concerned, but it is the liberty of the whole medical profession — not the question whether one man cures

one patient to my ten or ten to my one, but whether he has a right to cure at all." With remarkable penetration he foresaw that, though nominally a blow aimed at some sixty physicians, it was in reality a thrust at the very liberty of the people.

On October 9, 1872, Dr. Talbot presented a report for the committee concerning the need of a medical college, to the effect that a medical school in New England was demanded "in which physicians may be educated in the principles and practice of homœopathy as well as in the collateral branches of medical science." The report resulted in the appointment of a committee of five, including Dr. Talbot, with full powers. On April 9, 1873, Dr. Talbot for the committee reported that they had accepted the offer of Boston University to receive the college as one of its departments, with the prospect of acquiring the property of the New England Female College, for \$42,000; \$30,000 of which had already been raised. On April 15, 1874, he reports that the college is an entire success thus far, both in the number and character of its students.

Let me ask you to stop for one moment, and realize what this means. In six months from the time the subject of the establishment of a medical college was definitely considered, a committee of five men made an alliance with an already powerful university, and raised three quarters of the money sufficient to secure the necessary property. One year from that time the college was equipped and a success. There were five men on that committee, but those who were in the midst of affairs in those stirring times know, that the moving spirit which animated and directed and encouraged and upheld that committee and made this grand result possible, was the spirit to whom we pay a loving tribute of honor to-night.

In similar vein could I speak, did time permit, of his part in the establishment of the Massachusetts Homœopathic Hospital, the various dispensaries and the hospital for the insane at Westboro. Among many other labors which could with interest be mentioned are resolutions regarding homœopathy in the army and navy in 1884, the report of the committee on

securing equal advantages for homœopathic students in public institutions, and his success as chairman of the committee to ask state aid for the hospital.

I have thus far spoken principally of executive matters of which he was a part, but there are in the archives of the society many valuable papers and essays on medical and surgical subjects, showing that amidst the whirl and bustle of the busiest of lives, he still found time for study and research, of which he was ever ready and willing to give liberally for the benefit of his fellow practitioners.

I have thus briefly endeavored to outline his work in this society, but believe me, it is only an outline. Almost every page of its history for the past forty years teems with evidences of his labor, much of it of the character of drudgery. There may be others who have done equal work or been of equal service and value, but if so, the deponent knoweth not the name thereof.

All honor to that brave fraternal band who in the face of invective, of ridicule, of social and professional ostracism founded this society, but following their noble work there was the need of a strong, persistent, discerning, courageous soul to advise, to direct, to govern, to encourage. That soul joined the society May 17, 1853, its labors ceased July 2, 1899.

Neither the cunning of the sculptor's chisel nor the marvellous skill of the painter's pencil could justly commemorate the memory of this remarkable man. There is but one worthy monument, and that is, the perpetuation of his own work, the proper maintenance and care and development and perfection of those institutions which were his especial pride, and the continued dissemination of that medical faith to which he untiringly and joyfully gave his whole life.

Servant of God, well done! They serve God well
Who serve his creatures; when the funeral bell
Tolls for the dead, there's nothing left of all
That decks the scutcheon and the velvet pall
Save this. The coronet is empty show,
The strength and loveliness are hid below,

The shifting wealth to others hath accrued,
And learning cheers not the grave's solitude.
What 's done is what remains! Ah, blessed they
Who leave completed tasks of love to stay
And answer mutely for them, being dead!
Life was not purposeless, though life be fled.

SOCIETIES.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

Business Session.

The regular meeting of the Boston Homœopathic Medical Society was held at the Boston University School of Medicine, Thursday evening, November 2, 1899, at 8 o'clock, President Sarah S. Windsor, M.D., in the chair.

The records of the October meetings were read and approved.

The following persons were proposed for membership: Florella Estes, M.D., and Conrad Smith, M.D., both of Boston.

Drs. Henry F. Batchelder, Charles J. Douglas, Anna B. Davis, John A. Rockwell, Jr., and Solomon C. Fuller were elected to membership.

The following report of the Talbot Obituary Committee was read by the chairman, Dr. F. B. Percy: —

I. TISDALE TALBOT.

Whereas, In the dispensation of an all-wise God, we have been called upon to mourn the loss of our lamented and much-beloved colleague, Dr. I. Tisdale Talbot:

Resolved, That in the death of Dr. I. Tisdale Talbot this society has lost a staunch champion, a wise counsellor, and a most indefatigable worker. That to him more than to any other member this society owes, not only its inception, but its ever-increasing usefulness.

Resolved, That the lesson of his life will ever be an incentive to all members of the profession, because of his unselfish devotion to that which was truest and best.

Resolved, That we extend to the family our deepest sympathy, and join with them in the great satisfaction which a completed life brings to us all.

Resolved, That a copy of these resolutions be spread upon our records, and one sent to his bereaved family.

FRED. B. PERCY,
WALTER WESSELHOEFT,
J. W. HAYWARD,
Committee.

The following report of the Paine Obituary Committee was read by the chairman, Dr. L. Houghton Kimball : —

JOSEPH P. PAINE.

Whereas, By the will of the Divine Providence in which he so implicitly trusted, our late beloved colleague, Dr. Joseph P. Paine, has been removed from this earthly sphere of usefulness, so faithfully and gladly rendered, to the higher service to which he has long looked forward, therefore be it

Resolved, That the Boston Homœopathic Medical Society desires to give expression to the great loss sustained in the taking away of one of its oldest and most esteemed members — one always loyal to the best interests of homœopathy, as evidenced by the generous recognition in his will of the Boston University School of Medicine and the Massachusetts Homœopathic Hospital.

Resolved, That the Boston Homœopathic Medical Society extends to the relatives and immediate friends of the deceased its heartfelt sympathy.

Resolved, That a copy of these resolutions be incorporated in the records of the society and sent to the relatives of the deceased,

L. HOUGHTON KIMBALL,
N. R. PERKINS,
SUSAN H. GIBBS,
Committee on Resolutions.

Scientific Session.

Dr. Southwick exhibited an unusual specimen of uterine fibro-cystic tumor. The cyst, when removed, contained six quarts of fluid, cholesterin; no bacteria or pus corpuscles.

Another portion of the growth showed nearly a complete calcareous degeneration.

REPORT OF THE SECTION OF MATERIA MEDICA.

F. B. PERCY, M.D., Chairman.

LUCY A. KIRK, M.D., Secretary.

FRED. S. PIPER, M.D., Treasurer.

The following sectional officers were elected for the ensuing year : Chairman, F. A. Hodgdon, M.D. ; Secretary, A. G. Howard, M.D. ; Treasurer, Grace Marvin, M.D.

Program.

1. Croton Tiglium. F. A. Hodgdon, M.D.
2. Iodoform in Tubercular Meningitis. D. P. Butler, M.D.
Discussion opened by H. C. Clapp, M.D.
3. Rhus Tox : Some Considerations of Its Value in Ocular Diseases. J. M. Hinson, M.D. Discussion opened by Conrad Wesselhoeft, M.D.
4. Ferrum Picrate in a Case of Anæmia Infantum Pseudo-Leukæmia. E. R. Johnson, M.D. Discussion opened by F. B. Percy, M.D.
5. A Medical Medley. F. S. Piper, M.D.
6. Report of the Seaside Home for Children. C. C. Burpee, M.D.
7. A Case of Bromoform Poisoning, with Recovery. W. L. Marden, M.D.

1. Dr. Hodgdon's paper, "Croton Tiglium," proved very interesting, being a record of the author's experience with a series of cases in which Croton tiglium was used.

Dr. H. E. Spalding, in discussing Dr. Hodgdon's paper, said in part : I want to thank Dr. Hodgdon for bringing to our attention this remedy. I presume my experience is a good deal the same as other physicians', that a remedy comes to our notice and use and we use it until something else comes to our attention, and it may be temporarily put aside. I used to use it a few years ago at the hospital, and think it a valuable remedy, especially in skin diseases. The first impression in speaking of Croton tiglium is that we get bene-

ficial results from its irritation. In other cases, where large doses have been taken, one or two instances have been reported where there was no diarrhœa. In one instance where the drug was taken, it seemed to affect the ear passage and also the nervous system, but there was not enough taken to produce vomiting or diarrhœa. One physician thought he had a case of cholera, but found patient had taken *Croton tiglium*.

As to the secondary symptoms, I am very glad that they have been brought to my attention, because I think we all have a good deal of trouble with eczema. We often have cases of old men who are troubled with eczema of the scrotum, and this is not an easy disease to treat. I simply point these out as possible uses for *Croton tiglium*.

Dr. Merrick : I would like to ask if any local applications were made in Dr. Hodgdon's cases, and in what potency the drug was taken ?

Dr. Hodgdon : 6th to 12th potency. No local applications whatever.

Dr. Colby : It is a good while since I have used this remedy. I was very glad to hear the report regarding skin diseases. I remember that for many years I used *Croton tiglium* in eczema, and I think I can truthfully say that I used *Croton tiglium* with better success in more cases of eczema than all the rest of the drugs that I can recall to my mind.

2. Dr. Butler's case of tubercular meningitis relieved by iodoform proved of unusual interest.

Dr. H. C. Clapp, in discussing this paper, said : I have no doubt that some of you, surely not all of you, think, as many authorities do, that because this case did not die it could not have been a case of tubercular meningitis. It is recognized as a very fatal disease. Some authorities say they never have seen a case that recovered. This is, I think, the true position to take. I will say that until this time I have never seen a case that I wanted to call tubercular meningitis which recovered. It may be mentioned that this case has not recovered as yet ; the meningeal symptoms have disappeared

and remained away for over three months, but the phthisis has remained and the symptoms may return. It was a very interesting case, and I dare say, if you could have seen it, you would have been greatly impressed with the severity of the disease and the seeming impossibility of her recovery. When you find a person breathing from two to four times per minute and pulse 84 to 120, it is anything but a mild case. I have never seen symptoms more indicative of death than this woman presented without dying. As to the remedies: comparing this with the remedies which have been used by the older homœopathists, such as iodine, zinc, belladonna, sulphur, etc., I think we owe considerable success to the use of iodoform. Whether this remedy would be successful in other cases remains to be seen. In cases of almost certain fatality, it is interesting to watch one by one the issues of the case.

Dr. Colby: Dr. Clapp has been much more courageous than I would have been in diagnosing such cases. I am free to confess that I have never been able to stand up in my boots and say decidedly whether I thought it was tubercular meningitis or meningitis. We may all of us experience cases with symptoms mentioned here. In the use of iodine, iodoform, or iodide of potassium largely we get results by means of absorption. I remember very distinctly a case which gave very strong symptoms of tubercular meningitis and it recovered by the use of iodoform. I did have courage to say to the gentleman in consultation that I had decided to give iodide of potassium, there was so little hope of the patient living. When we receive anything from Dr. Clapp we do not feel like differing from him; we expect to agree with him. The nervous symptoms arising from depression is something to be thought of in this case, and the fact that a case recovers under treatment is interesting.

Dr. Clapp: I would like to state for Dr. Colby's information that the diagnosis in this case was not an absolute diagnosis; I do not believe that it was possible to make an exact diagnosis. I meant only that it seemed to me to be tubercular meningitis, and I think so still. The post-mortem

appearances after tubercular meningitis, where the tubercles are found on the brain, are not always of the gross character that you might suppose. Tubercles are not always visible. Then in a case of this kind, of course, it is not certain that a person is full of tuberculosis, though the meningitis is of that character.

Dr. Percy: I remember a historical case of tubercular meningitis where there was no doubt as to the diagnosis. It was in the *British Medical Journal*, a most interesting article. No one likes to say that a case of tubercular meningitis cannot recover, but that it may recover. I think we should think recovery probable in any case that comes under our observation.

3. Dr. Hinson's paper on "Rhus Tox: Some Considerations of Its Value in Ocular Diseases" was interesting and provoked considerable discussion.

Dr. Conrad Wesselhoeft: I think it is a very good plan for any of us, no matter how familiar we are with remedies, to overhaul them. Rhus is a remedy to be discussed in connection with the eye. It is one of the best known and best proven remedies that we possess. The evidence is not so great as it seems. The symptoms of Rhus are well known. I will not go over them here, except to say that the characteristic of Rhus, as you might call it, is an erysipelas inflammation. I will compare what I know of Rhus poisoning with cases of erysipelas, and find that Rhus produces an inflammation of the skin, while erysipelas affects the smaller tissues to such an extent that the epidermis is raised in blisters. It seems to me from all the seeming provings that the kind of inflammation that Rhus is capable of producing is confined to the cellular tissue. If this is applicable to the tissue of the eye, it seems to me that it refers to the connective tissue entering into the composition of the eye more than other structures. It has been said that Rhus affects particularly the mucous membrane. In my observation of cases by ivy poisoning, the swelling of the face may be enormous, opening the lids impossible; forcing them open you will find the conjunctiva much inflamed. In cases of ophthalmia it seems to

me that Rhus would be indicated very often from internal symptoms, though really violent poisonings I cannot find are produced from Rhus itself. Take the provings of Rhus that we know, poisonings voluntary and involuntary: the voluntary, which you obtain the most often, show that Rhus causes inflammation which affects the other parts very severely. There is no doubt that the symptoms indicating Rhus are prominent. Feelings of pressure, itching, and burning in various parts of the body are indicative and characteristic of Rhus poisoning, and are sufficient indications and warrant its use in diseases of the eye, as well as other parts of the body.

Dr. Spalding: One fact that I have never seen mentioned regarding Rhus. My grandfather on my mother's side did not poison from ivy; could handle it with impunity. He claimed it was obtained from eating a leaf of the Rhus. He used to recommend other people eating it. A neighbor, acting on his recommendation, nearly died from eating it.

Dr. Piper: While I was in the school here one of my classmates, who was very susceptible to ivy poisoning, was rendered proof against the poison of ivy by taking a small dose (2 x) of Rhus.

Dr. Halsey: I know an old gentleman in Vermont who was eating poison ivy. I asked him what he was eating. He said he guessed it was sarsaparilla, did n't know 'zactly. Was never susceptible to the poison before or afterward.

Dr. Conrad Wesselhoeft: I would like to add a few words. It is a very well-known fact that a great many people are not at all affected by it — can handle it. Many others are affected by the burning of the roots of the ivy, and it is well known that the smell will poison some. One person one year will be poisoned, or he may be exempt.

Dr. Spalding: Dr. Bigelow and a friend brought home a large quantity to make tincture. Dr. Bigelow was not affected by it, while his friend nearly died from erysipelas. I once took some of the leaves and rubbed them on my wrists. Forgot all about it for weeks, then my wrists began to itch and grow red; redness lasted many weeks. Some animals

are not susceptible to poison ; horses tied to an ivy-covered wall will eat the vine, causing profuse flow of saliva.

Dr. Earl : In inflammation of the cornea an early symptom is swelling of the lids ; patients are very susceptible to light. We must remember that we are dealing with a condition. I do not agree with Dr. Hinson. I find mercurials produce much better results in mild cases.

4. Dr. Johnson's paper, entitled " Ferrum Picrate in a Case of Anæmia Infantum Pseudo-Leukæmia," was not discussed.

5. " A Medical Medley," by F. S. Piper, M.D.

Owing to the lateness of the hour, the last two papers were omitted.

Meeting adjourned at 10.15 o'clock.

FRANK E. ALLARD, *Secretary*.

HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.

The Homœopathic Medical Society of western Massachusetts held its regular quarterly meeting at Cooley's Hotel, Springfield, on Wednesday, September 20, 1899, the President, Dr. Frank A. Woods, in the chair. The report of the Secretary was read and accepted.

Dr. William S. Walkly, of Pittsfield, and Dr. Harry E. Rice, of Springfield, were proposed for membership in the society, and their names were referred to the Board of Censors. The following candidates were elected to membership : James M. Gates, M.D., Springfield, O. W. Lane, M.D., Great Barrington, G. B. Maxwell, M.D., Chicopee Falls.

The committee appointed to draw up an application blank for the use of the Board of Censors presented, through its chairman, Dr. O. W. Roberts, a blank, which was accepted by the society, and the Secretary was instructed to have the same printed.

It was moved that the President appoint a committee of three to make revisions in the constitution and by-laws and report at the next regular meeting. The President appointed on this committee Drs. O. W. Roberts, A. M. Cushing, and Samuel Fletcher.

A report was then heard from Dr. Cushing, delegate to the American Institute of Homœopathy at Atlantic City.

There being no further business, the Scientific Session was opened by Dr. Horace Packard, chairman of the Bureau of Surgery.

I. Congenital Stricture of the Rectum. Report of Case and Exhibition of the Patient. O. W. Roberts, M.D., Springfield.

This was a most unique and interesting case, of a boy five and one half years of age, born with stricture of the rectum. From the time of his birth until he was three and one half years old, movements of the bowels, and those small and usually liquid, could only be secured by daily dilatation of the rectum by sound or bougie, with rectal enema. The child was pale and puny, and the retention of fæces forced him to carry an enormously distended abdomen. At three and one half years of age he was operated upon by Dr. Packard (case reported in *North American Journal of Homœopathy*, 1899), who first made an inguinal colotomy, through which artificial anus the accumulation of fæces was disposed of, and daily movements of the bowels secured through the same opening.

A number of weeks later a second operation was performed, for the purpose of removing the strictured portion of the rectum and preserving the external sphincter. Ten days later he was for the third time anæsthetized and the artificial anus in the inguinal region was closed. An uneventful convalescence followed. The child has since that time had regular and spontaneous movements of the bowels, with perfect control of the sphincter. He is in perfect health.

Dr. Packard gave a further account of the operation. An opportunity was given to examine the rectum, which showed plainly the remarkable results obtained by the methods employed in the above operations.

Dr. Worcester, of Clinton, cited a case of urethral stricture on which he had successfully employed the galvanic current; but was of the opinion that, as a usual thing, the results from the use of electricity in these cases were not permanent.

The society adjourned at 1 o'clock for lunch.

The meeting was again called to order at 2 P.M., and the second paper on the program was read.

2. Non-Intervention of Appendicitis with the Knife. Elmer H. Copeland, M.D., Northampton.

3. Inguinal Hernia. J. W. Hayward, M.D., Boston.

Dr. Hayward took up the two general methods of treatment — palliative and radical. Put all children under the age of six or seven into the palliative class, with a few exceptions. In older children and young adults, if a strong, well-fitting truss is applied soon after the initial protrusion, a sufficient number of cures may result to warrant a short trial. Two general methods used in radical treatment: one by subcutaneous injection, and the other by open incision. The percentage of cures by the first is small. Description given of Bassini's method of radical cure for hernia. If all goes well, the patient is usually allowed to go home on the twenty-eighth day. Occasionally a truss may be required for three or four months after operation, but usually none is thought needful.

Discussion by Dr. Carl Crisand, of Worcester, and Dr. E. G. Tuttle, of New York.

4. The Part Played by the Lymphatic Glands in Some Forms of Acute Infection and the Results of their Participation. F. P. Batchelder, M.D., Boston.

Dr. Batchelder gave a review of the physiology of the lymphatic glands. The functions are not well known. Lymphatic glands form only a part of the group of so-called "adenoid organs." It is probable that bacteria and their products are responsible for many if not all cases of acute adenitis.

The doctor gave two clinical cases in illustration.

Discussion by Dr. J. P. Rand.

5. Dacryo-cystitis. W. P. Wentworth, M.D., Lee.

Dr. Wentworth gave his treatment of inflammation of the lachrymal sac — illustrated by a diagram of the parts — and a clinical case.

Discussion by Dr. David H. Wells, Boston.

It was voted that the thanks of the society be extended to

those who were present from a distance for their able and interesting papers and discussions.

On motion of Dr. Rand, it was voted to insert a clause in the application blank, stating that the physician applying for admission to this society was legally registered and authorized to practise medicine and surgery in the State where he resided.

Adjourned at 4 P.M.

ALICE E. ROWE, *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

ATLAS AND EPITOME OF OPERATIVE SURGERY. By Dr. Otto Zuckerkandl, Privat-docent in the University of Vienna. Edited by J. Chalmers Da Costa, M.D., Clinical Professor of Surgery in Jefferson Medical College, Philadelphia; Surgeon to the Philadelphia Hospital, etc. Published by W. B. Saunders, 925 Walnut Street, Philadelphia.

It is rare that one is called upon to deal in superlatives in referring to a treatise or text-book on surgery, as the growth of the art has been so rapid in the last two decades that text-books are invariably behind the times, and one finds it difficult to keep in line with its progress even with the aid of books, magazines, monographs, and hospital experience. Keeping in mind all of the obstacles in the way of surgeons in active professional life, it is easy to appreciate the difficulties which are encountered by physicians in general practice who have an ambition to keep in the van of surgical knowledge; and all this applies with double force to students who begin the study of a subject already elaborated to a fine degree, and capable of still further change and development.

Dr. Zuckerkandl *knows* his student. He evidently has the student instinct developed to a remarkable degree, and thoroughly understands the little discouragements which influence so much the happiness — or unhappiness, rather — of one who is given to the study of this somewhat abstruse science. It is for this reason, undoubtedly, that he has avoided the long and perhaps useless discussion of mooted questions and has devoted himself with praiseworthy effort to the single purpose of stating his views — which have, evidently, been well and carefully thought out — in a manner as clear and

concise as possible. He has decided views on all subjects of which his book treats, and some of these ideas might and undoubtedly have aroused, and will arouse a great deal of opposition from surgeons who have had a wide experience and honestly differ with him; but it is a welcome boon, to men who have no voice in the matter, to come in contact with the undoubted and decided opinions of one who is a master in surgery.

That there are points in this admirable book which admit of argument and criticism goes without saying; but it is equally true that the majority of subjects are treated in a broad, careful, and reliable manner, and the text is illustrated with a large number of plates, cuts, and diagrams which are calculated to render confusion and misunderstanding well-nigh impossible. It is extremely difficult to enumerate, in a short review such as this, the many subjects which prove the statements made above, and hence a few excellent examples only will be cited to sustain the position taken.

Attention is called to the section on Litigation of Arteries, and to the one on Amputations and Resections, as being clear, concise, and unusually well illustrated. Plastic operations about the face, including those for the relief of harelip, will bear close scrutiny and study, as will also that portion of the work devoted to thyrotomy, tracheotomy, and kindred procedures.

There is one part of the work which appeals to one with a great deal of force, and that is the portion devoted to the description and illustration of Bassini's operation for the cure of hernia. Nothing is more difficult for the average student to understand than a written description of this operation. Nothing is simpler than the operation itself. Dr. Zuckerkandl has overcome all difficulties by submitting several plates which show at a glance the tissues incised, the method of transplanting the cord, and the manner in which the different layers are to be approximated.

It is difficult to recall a description of the operation which is at once so concise and so perfectly illustrated. W. S.

A TEXT-BOOK OF PHYSIOLOGY, FOR STUDENTS AND PRACTITIONERS.

By Winfield S. Hall, A.M., M.D., Ph.D., Professor of Physiology in the Northwestern University Medical School, Chicago. Philadelphia and New York: Lea Brothers & Co. pp. 672. Price, cloth, \$4.00, net; leather, \$5.00, net.

A text-book on physiology presenting clearly and in detail not only its avowed subject, but also the underlying and associated sci-

ences of anatomy, chemistry, and physics, is something of a novelty. Developed in this rational manner, however, physiology becomes more readily grasped in itself and in its proper relationships, thus contributing to a general understanding of all the practical departments of medicine which go to form the foundation of medical knowledge. Another special feature of this volume is noted in the epitomes prefixed to each chapter, which classify the topics treated in the text, giving one a general view and review as one goes along.

A good idea of the work as a whole is obtained by a glance at its principal divisions: General Physiology, including the Physiology of the Cell; Cytology: the Physiology of Contractile and Irritable Tissues. Special Physiology (Part II) embraces the Circulation, Respiration, Digestion, Absorption, Metabolism, Excretion, the Dermal System, Sensation, the Physiology of the Nervous System, of the Muscular System, Reproduction, etc.

Under all these divisions special verbal illustrations of clinical applications of physiological facts and principles are incorporated in the general text. These will be appreciated by men already in practice, while they will serve to fix mere statements more firmly in the memory of students.

The book is lavishly illustrated with engravings and colored plates, and is well indexed and bound.

THE MEDICAL NEWS VISITING LIST FOR 1900. Philadelphia and New York: Lea Brothers & Co. 1899. Price, seal grain leather, \$1.25; thumb-letter index, 25 cents extra.

This handy little reminder of practically everything the physician wishes to keep the run of daily is issued in four styles; namely, weekly (dated, for 30 patients), monthly (undated, for 120 patients per month), perpetual (undated, for 30 patients weekly per year), and perpetual (undated, for 60 patients weekly per year). Besides the blank pages and spaces under the following headings: Daily Record, General Memoranda, Obstetric Engagements and Practice, Vaccinations, Death Register, Addresses of Patients, Addresses of Nurses, and Cash Account, much useful printed data appears on the first thirty-two pages, including an Alphabetical Table of Diseases with Approved Remedies, a Table of Doses, Sections on Examination of Urine, Artificial Respiration, Incompatibles, Poisons and Antidotes, and a Diagnostic Table of Eruptive Fevers. The book is not bulky, but just a convenient pocket size; the paper is of good quality and the binding attractive. We would suggest it as a suitable

Christmas present, and one likely to be acceptable to the busy physician.

INTERNAL MEDICINE AND CLINICAL DIAGNOSIS. By 'Dr. Christfried Jacob, formerly First Assistant in the Medical Clinic at Erlangen. Authorized translation from the German. Edited by Augustus A. Eshner, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic. With 182 colored illustrations upon 68 plates, and 64 illustrations from the text. Philadelphia : W. B. Saunders. 1898. pp. 259. Price, \$3.00.

This is essentially an atlas of methods of clinical investigation, including an epitome of special pathology and treatment of internal diseases.

Part I presents twenty-two plates illustrative of methods of clinical microscopy and chemic color reactions, accompanied by descriptive matter. Parts II and III have forty-six plates showing normal projection of the viscera and percutory topography, schemata of diseases of lungs and heart, and diagrammatic representation of abdominal diseases. Accompanying each diagrammatic plate is a clinical case which has come under the immediate observation of Dr. Jacob, with history, examination, diagnosis, and treatment of same. The last half of the atlas is divided into five sections devoted to : Examination of the Patient ; Methods of Examination ; Special Diagnosis of Diseases of Internal Organs ; Epitome of Special Pathology and Treatment ; Therapeutic Notes.

It is not always from the more exhaustive works that one gains the most practical knowledge. This volume is of a very convenient size for frequent reference, the illustrations are remarkably clear and accurate, the cases are concisely stated, while the accompanying diagrammatic charts serve to impress upon the reader's mind the diagnostic points and the methods of precision employed in differentiating pathological conditions.

C. S.

REPRINTS AND MONOGRAPHS RECEIVED.

The Medical Treatment of Movable Kidney. By Alfred Stengel, M.D. Reprinted from *University Medical Magazine*.

Gastroptosis : Report of a Case in which a New Operation was Undertaken and the Patient Greatly Improved. By Alfred Stengel,

M.D., and Henry D. Beyea, M.D. Reprinted from the *American Journal of the Medical Sciences*.

Five Hundred and Fifty Surgical Operations without Alcohol. By Charles G. Davis, M.D. Reprinted from the *Western Clinical Recorder*.

Cystoid Disease of the Testicle: Teratoma Testis? By F. R. Sturgis, M.D. Reprinted from the *American Medical Quarterly*.

Comparative Test of Mixed-fat Emulsion and Cod-liver Oil at the Hospital for Ruptured and Crippled, New York. By W. J. Merse-reau, M.D. Reprinted from the *New York Medical Journal*.

PERSONAL AND NEWS ITEMS.

DR. FLORELLA ESTES, formerly of Dover, N. H., has re-moved from Rochester, N. H., to Trinity Court, Boston.

DR. AURELIA ELIZA GILBERT, class of 1875, Boston Univer-sity School of Medicine, died at the Homœopathic Hospital, Boston, October 29, 1899.

DR. WALTER B. GUY, class of 1899, Boston University School of Medicine, has located at 73 Warren Street, Rox-bury.

DR. LILLIAN B. NEALE, class of 1898, Boston University School of Medicine, has resigned her position at the Massa-chusetts Homœopathic Hospital and has opened an office at No. 138 Marlboro Street, Boston.

DR. RALPH W. PARKER, Boston University School of Medicine, 1898, who for the past year has been at the Lowell General Hospital, has opened an office in Central Block, 53 Central Street, Lowell.

DR. H. C. AHLBORN has returned from his European trip and has resumed practice at his office, No. 258 Marlboro Street, Boston.

DR. E. A. STANLEY, formerly of the firm of Drs. Jones & Stanley, Bradford, Vt., has removed to Waterbury, Vt., Dr. W. F. Minard of the latter place having removed to the South.

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